

KATHERINE WEST HEALTH BOARD



GETTING AND KEEPING WELL TRAINED STAFF



HIGH QUALITY
HEALTH CARE



WORKING
TOGETHER



STANDING UP
FOR OUR HEALTH



BETTER BUILDINGS
AND EQUIPMENT



SAFE TRAVEL
BETTER TRANSPORT



2012-2013 | ANNUAL REPORT



KATHERINE WEST Health Zone



100 km

HEALTH SERVICES

- Health Services (Clinics)
- Resident General Practitioner
- Resident Nurse
- Resident AHWs

ROAD TYPE

- Highways (Sealed Roads)
- Main Roads (Unsealed roads)
- Tracks (dirt roads)
- River/Stream

AIR STRIP TYPE

- Air Access all year
- Air Access part year

COMMONWEALTH FUNDED PROGRAMS

- Residential Aged care Services
- Home and Community Care (HACC) Services
- Flexible Aged Care Services
- Community Aged Care Packages
- Aboriginal Community Controlled Health Services
- Remote Community Initiatives (RCI) Funded Sites
- Emotional and Social Wellbeing Services
- Eye Health Funded Services
- Substance Abuse Funded Services
- Sexual Health Funded Services

DATA SOURCES

- NT Department of Lands, Planning and Environment
- NT Department of Health and Community Services
- Australian Government Department of Health and Ageing
- ATSIC Community Housing and Infrastructure Survey 1999
- Top End Aboriginal Health Planning Study 2000
- Australian Bureau of Statistics Census 2001

KWHB ANNUAL REPORT 2012 - 2013



Search for news, health promotion items, videos, photos and other information about Katherine West Health Board and people in our region on Facebook.

Search for 'Katherine West Health Board'

Katherine West Health Board

- Board of Directors 2012-2013
- Board overview and new directors elected
- New Board Elected 2013-2016
- Organisational Chart
- Strategic Plan 2010-2014

Katherine West 2012-2013

- New Lajamanu Health Centre & Staff Accommodation completed
- Quit Cup / Katherine West Eagles U18s
- Aboriginal Health Practitioners - Graduation & new Trainees
- Hip Hop Health Promotion in all main communities
- Cultural Security Framework

Organisational Reports

- Chairperson Report
- CEO Report
- Community Development Manager's Report
- General Manager's Report

Health Report

- Overview of health in our region
- Health Centre Staffing
- Medicare Overview
- Visiting Specialists
- Addressing our Health Key Performance Indicators

Health Promotion Team

- Alcohol, Tobacco and other Drugs
- Nutrition & Physical Activity
- Overall Health Promotion

Financial Statement 2012-2013

- Independent Financial Audit, KPMG

BOARD OF DIRECTORS 2012-2013



Willie Johnson
Chairperson
Outstations Rep



Geoffrey Barnes
Lajamanu
Proxy: Richard Tasman



Jocelyn Victor
Vice Co-Chair, Pigeon Hole
Proxy: Sheila Hector



Jeremy Frith
Co-Chair, Kalkarindji
Proxy: Gus George



Steven Jones
Treasurer, Myatt
Proxy: Caroline Jones



Rosie Saddler
Secretary, Kildurk
Proxy: Veronica Leering



Jack Little
Bulla
Honorary Board Member



Joseph Cox
Doojum
Honorary Board Member



Doris Lewis
Executive Board, Lajamanu
Proxy: Tracie Patrick



Charlie Newry
Yarralin
Proxy: Charlie James



Clara Paddy
Gilwi
Proxy: Betty Smiler



Joyce Herbert
Lajamanu
Proxy: Laura Doolan



Roslyn Frith
Kalkarindji
Proxy: Jimmy Wavehill



Maxine Campbell
Yarralin
Proxy: Sandra Campbell



Joseph Archie
Bulla
Proxy: Zachariah Hector



Robert George
Lajamanu



Riley Young
Lingara
Proxy: Aileen King



Regina Teddy
Daguragu
Proxy: Jamesie Barry

BOARD OVERVIEW & NEW DIRECTORS

Katherine West Health Board is governed by an 18 member Board of Directors, consisting of Aboriginal representatives who are elected by their communities in the KWHB region.

The role of the Board is to represent the interests of community members and provide direction to KWHB staff. The structure of the Katherine West Health Board is based on the philosophy of Aboriginal community control.

The Board meets in full four times per year, and has a six-member Executive that meets another five times throughout the year.

Board Directors attended meetings on;

1 August 2012
Executive Board Meeting

27 September 2012
Executive Board Meeting

27 November 2012
Annual General Meeting

28 November 2012
Full Board Meeting

11 December 2012
Executive Board Meeting

12 February 2013
Executive Board Meeting

26 March 2013
Executive Board Meeting

18 June 2013
Full Board Meeting

KWHB Board Directors;

- Participating in governance training (provided by an external consultant) about roles and responsibilities
- Attending open meetings in each community.
- Providing cultural safety by partnering the CEO at a wide range of other meetings.
- Working with KWHB staff in our communities to assist in health promotion activities
- Helping to advocate for improved health services with relevant external bodies.

Outgoing experience on the Board

We thank all Board Members who have served with KWHB during 2012-2013 for their commitment and dedication throughout the year, as well as to our proxy board members who represented full board members at meetings during the year.

A special goodbye to outgoing Full Board Members Geoffrey Barnes, Doris Lewis, Roslyn Frith, Jocelyn Victor, Steven Jones and Jeremy Frith. Your contribution as members of our executive has been invaluable over the years, we wish you all the best for the future and hope that your experience and wisdom is not entirely lost to KWHB.

Regeneration and new Board Directors 2013-2016

See below for the full list of new Board Directors for Katherine West for the next three years. There is a good mixture of new blood along with familiar, experienced hands on the Board.

Name	Location	Proxy
Willie Johnson	Outstations Rep.	N/A
Joseph Cox	Doojum	N/A
Jack Little	Bulla	N/A
Joseph Archie	Bulla	Stan Retchford
Regina Teddy	Daguragu	Mesach Paddy
Betty Smiler	Gilwi	Clara Paddy
Debra Victor	Kalkarindji	Roslyn Frith
Wilson Rose	Kalkarindji	Kerry Smiler
Rosie Saddler	Kildurk	TBC*
Joyce Herbert	Lajamanu	Lynette Tasman
Norbert Patrick	Lajamanu	Andrew Johnson
Tracey Patrick	Lajamanu	Jenny Johnson
Zac Patterson	Lajamanu	Josias Dixon
Josie Jones	Myatt	Sheratine Jones
Raymond Hector	Pigeon Hole	Jocelyn Victor
Charlie Newry	Yarralin	Troy Campbell
Maxine Campbell	Yarralin	Jenny Newry

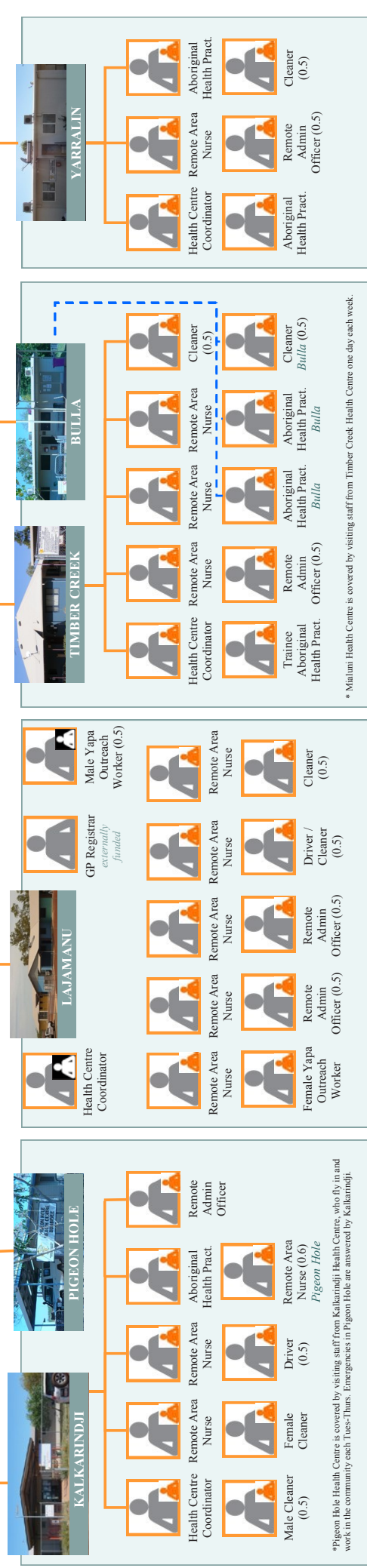
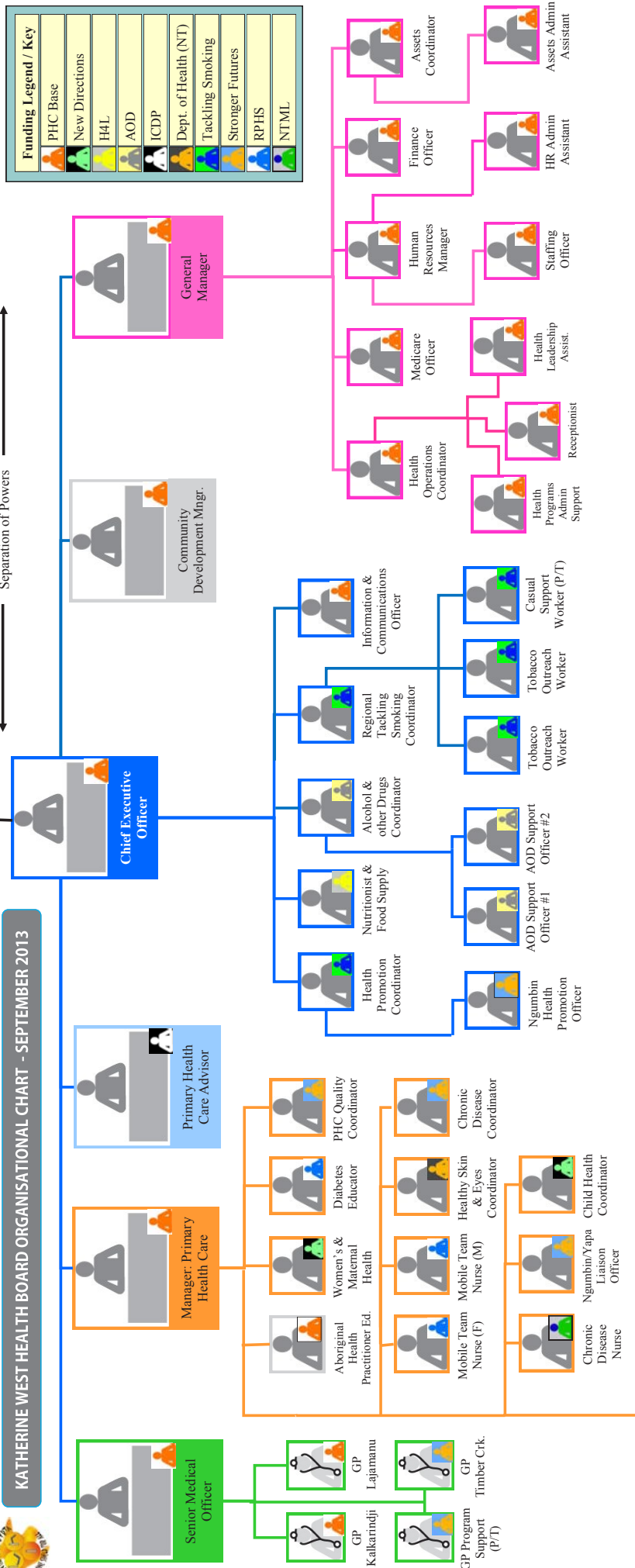
Our new Board Directors will undergo extensive training with our independent governance trainer to ensure high level understanding of financial and governance matters.

The Board really leads and sets the example for Katherine West, and we look forward to continue making important decisions for Ngumbin and Yapa people in the next three years.



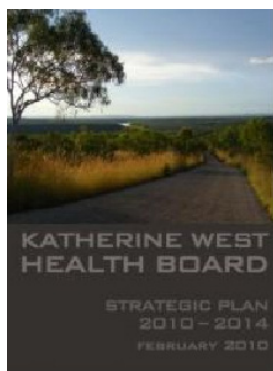
KATHERINE WEST HEALTH BOARD ORGANISATIONAL CHART - SEPTEMBER 2013

Separation of Powers



*Mialuni Health Centre is covered by visiting staff from Timber Creek Health Centre one day each week.

*Pigeon Hole Health Centre is covered by visiting staff from Kalkarindji Health Centre, who fly in and work in the community each Tues-Thurs. Emergencies in Pigeon Hole are answered by Kalkarindji.



STRATEGIC PLAN 2010 - 2014

KWHB's Strategic Plan was developed by our Board of Directors in 2010 to guide the development and drive the objectives of the organisation. All staff members use this Strategic Plan as a main point of reference when developing work plans and setting objectives as a team.

KWHB's Management team reports against these objectives each quarter to the Board of Directors, giving a thorough overview of action taken against all the below strategies.

Board Directors will be assessing this Plan in the coming 12 months and developing a new Strategic Plan to carry KWHB forward from 2015-2019.

Our strategies for **standing up for our health** will be:

<u>Strategy 1.1</u>	Being the voice for people in our region on all matters that affect their health.
<u>Strategy 1.2</u>	Using community development to build a pathway to better health.
<u>Strategy 1.3</u>	Involving young people in the future of the community and of our service.

Our strategies for **working together** will be:

<u>Strategy 2.1</u>	Building strong relationships with our communities, so we can deliver culturally safe care.
<u>Strategy 2.2</u>	Respecting the role of our Board members.
<u>Strategy 2.3</u>	Promoting effective communication and team work across our organisation.
<u>Strategy 2.4</u>	Building our partnerships with government and other organisations.

Our strategies for **delivering high quality, appropriate comprehensive primary health care** will be:

<u>Strategy 3.1</u>	Working towards local, community based primary health care teams.
<u>Strategy 3.2</u>	Balancing the need to provide sick care with the need to prevent illness.
<u>Strategy 3.3</u>	Filling gaps in service provision.

Our strategies for **getting and keeping well trained staff** will be;

<u>Strategy 4.1</u>	Improving retention of staff in our health centres.
<u>Strategy 4.2</u>	Employing more Aboriginal people at all levels in the organisation.
<u>Strategy 4.3</u>	Ensuring all communities have an appropriate level of access to general practitioner services.
<u>Strategy 4.4</u>	Making sure that all of our staff are well-qualified and well trained.

Our strategies for **better buildings and equipment** will be:

<u>Strategy 5.1</u>	Providing clinic buildings that meet the needs of our staff and the communities we serve.
<u>Strategy 5.2</u>	Working towards Aboriginal and non-Aboriginal staff having suitable and well-maintained accommodation.
<u>Strategy 5.3</u>	Continuing to improve our computer systems, especially in our remote health centres.

Our strategies for **safe travel and better transport** will be:

<u>Strategy 6.1</u>	Working to ensure timely and well-organised evacuations.
<u>Strategy 6.2</u>	Ensuring that patient travel is safe and appropriate for those who need to leave their home communities for health care.
<u>Strategy 6.3</u>	Establishing reliable access to our health centres.

NEW LAJAMANU HEALTH CENTRE & ACCOMMODATION



August 21, 2013 - Opening of the new Lajamanu Health Centre by Jerry Jungala Patrick (Laj) and Warren Snowden MP.

Construction Finished Lajamanu Health Centre and staff accommodation

During 2012-2013 the final construction and kitting out phase for the new facilities in Lajamanu were completed, with the grand opening happening in August.

The new Health Centre in Lajamanu provides better access for clients, and a more culturally appropriate environment for people in the Lajamanu region to access our health service, with a separate entrance area for men's and women's access a specific highlight of the new design.

Many people were consulted on the design of the new health centre, with clinicians, health leadership team and Board Directors working together to ensure the Lajamanu Health Centre Project was both clinically and culturally safe.

The new Health Centre provides space for targeted assessment and program delivery, with a Well Babies space and a Chronic Disease specific area, along with an after hours access area.

The project has delivered a better space for clinical staff to assess and treat well and unwell clients separately, which we

believe will lead to better long term outcomes for clients in Lajamanu.

The new Health Centre has also been furnished with all new equipment, and is fully setup with Telehealth facilities, which will be rolled out in full across the NT during 2013-2014.

Lajamanu, like Kalkaringi, is in an excellent position to utilise new Telehealth initiatives, which will help to ensure that patients with Chronic Conditions can access specialist treatment without leaving their home communities and travelling to Katherine, Darwin or Adelaide for specialist appointments.

The new Health Centre also provides space for visiting clinicians, with a rooms set aside for each visiting clinician to help ensure their work in the community can be performed at a high level appropriate to their speciality.

In the region, KWHB now has high class Health Centres in Lajamanu and Kalkaringi, with upgrades having taken place in Timber Creek and Yarralin over the last few years.

KWHB will continue to advocate strongly for better facilities across the region.

QUIT CUP - SMOKE FREE HEALTH PROMOTION



Quit Cup Event, Katherine

In October 2012, KWHB's Regional Tobacco Coordinator, Nutritionist, Health Promotion Coordinator and Healthy Skin & Eyes Coordinator organised for 25 teenage boys from our region to travel into Katherine for the first ever 'Quit Cup', a round robin Australian Rules Football event held between the three Katherine based Aboriginal Health Services. (Wurli, Sunrise & KWHB).

For the first time, the Katherine West Eagles were born, with KWHB's logo and our main Tackling Tobacco health message of "Give it up now, 'coz it's harder to live" adorned on the guernseys and training singlets of all players.

All of the boys who participated in the event pledged to remain smoke free for the duration of training and playing, which included abstaining from smoking both cigarettes and other forms of tobacco based products.

KWHB staff members used this opportunity to speak about other health related issues such as safe sex, hydration, diet and nutrition, personal hygiene and Trachoma awareness.



AHP GRADUATIONS & NEW TRAINEES



Graduation of Aboriginal Health Practitioners

A cornerstone of KWHB's Strategic Plan is to get and keep well trained and capable staff members.

In the area of Aboriginal Health Practitioners (AHPs), KWHB has long been very lucky to have a group of highly professional and capable people working in our Health Centres.

This year, four of our AHPs reinforced their abilities by graduating with a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) from the Batchelor institute.

- Dee Hampton (Kalkaringi)
- Brian Pedwell (Yarralin)
- Deborah Jones (Timber Creek)
- Rhonda Henry (Bulla)

This is a fantastic effort, and was rightly celebrated on the Graduation Day by senior Board Directors. A sincere thankyou also to Leanne McGill (Educator) and Sinon Cooney for their help and support.

New Trainee Aboriginal Health Practitioners

This year we have welcomed two new Trainee AHPs into our team;

- Tyrone Burns (Kalkaringi)
- Marcella Jones (Timber Creek)

We are thrilled to have these very capable younger community members come into the health centre team, and we look forward to watching them develop their skills into the future.

HIP HOP HEALTH PROMOTION



Hip Hop Health Promotion Video Clips

This year KWHB finished our planned full suite of health promotion hip hop videos with the outstanding Indigenous Hip Hop Projects (IHHP), led by the boundlessly energetic Dion Brownfield.

KWHB funded these video clips through our Tackling Tobacco project funding, with the goal of improving people's awareness of healthy lifestyle choices through self empowerment, culture and consistent messages.

The videos cover a wide range of health and lifestyle topics for people living in our communities, including;

- Trachoma awareness
- No Smoking
- School attendance
- Face, eye and oral hygiene
- A balanced diet
- Good hydration
- Healthy food choices at the local store
- Self confidence
- Working together and anti-bullying
- Embracing culture, including bush tucker and ceremony
- Respect for elders
- Physical activity and an outdoors lifestyle
- No grog
- Good personal discipline
- No Gunja or sniffing
- Good mental health
- Approach clinic staff if unwell

We also pay a massive thankyou to KWHB's AOD Worker Sonny Victor for his tireless work this year as our Cultural Safety person during the visit to four communities.



Video Availability

The seven videos are available to view on our website, on our Facebook page, are widely distributed on USB sticks throughout the communities and of course are available publicly on youtube at www.youtube.com/user/indhiphop

- **Kalkaringi, Clean face, Strong eyes** (2012 | 10, 331 views)
- **Lajamanu, Harder to live** (2012 | 18, 857 views)
- **Timber Creek, All my people** (2012 | 17, 921 views)
- **Kildurk, Amanbidji Steppin'** (2013 | 319 views)
- **Bulla, Boab Beats** (2013 | 548 views)
- **Yarralin, Sun and Moon** (2013 | 1,113 views)
- **Pigeon Hole, Nitjpirru Mob** (2013 | 1,888 views)

Community Participation & Feedback

KWHB have arranged to have IHHP back in our region in 2014 to create more videos, this time focussing on specific health problems identified in our KPI health data.

CULTURAL SECURITY FRAMEWORK



During 2012-2013, KWHB became one of the first health organisations in Australia to develop a Cultural Security Framework, which is a set of organisational objectives designed to embed cultural knowledge within all aspects of a team delivering a service.

What is Cultural Security Framework

KWHB's Cultural Security Framework document supports culturally secure practice so that Katherine West can continue to improve the health and well-being of all people in the region through the delivery of high quality, culturally secure primary health care.

The Framework includes:

a) the history and meaning of key concepts of the term 'cultural security';

b) the importance of cultural security at Katherine West – for Aboriginal clients, for staff, and for the organisation as a whole;

c) the model of cultural security in use at Katherine West comprising three domains:

- cultural awareness (the individual)
- cultural safety (relationships), and
- cultural security (the organisation's systems and processes);

d) pointers to guide staff in the development of culturally secure practice;

e) a list of key resources and further reading.

KWHB's Cultural Security Framework is available to view on our staff Intranet at all times.

CHAIRPERSON'S REPORT



Katherine West Health Board is in a really strong position after 15 years of providing health services in our region. This year our finances are in good shape, and we continue to get a good level of respect from both Aboriginal and Government people in the NT and across Australia.

It is our Board's job to keep Katherine West strong, make sure the organisation is providing a quality health service, getting good health outcomes, and to ensure that people in our region are happy with KWHB, and feel comfortable and safe in accessing our service.

This year I returned to being a director at Katherine West Health Board after a four year gap working elsewhere in the Lajamanu region. It is a great feeling to return to KWHB, especially with the Board in such excellent shape.

I believe that the previous Board of 2010-2013 did an excellent job in managing KWHB, with a really strong executive and great knowledge maintained across all the Directors.

My transition back to KWHB has been made easier by having a Chairperson Mentor in Joseph Cox. His knowledge is great, he is very dependable and he always acts with the best interests of Katherine West Health Board, so a big thanks to Jo Jo.

I pay specific thanks to three departing former Chairs of KWHB from the current Board in Roslyn Frith (2009-2010), Geoffrey Barnes (2010-2012) and Jocelyn Victor (Interim, 2012-2013).

I also acknowledge Board Directors from 2010-2013 who were not re-elected this year in Doris Lewis, Steven Jones, Jeremy Frith and Clara Paddy. All of you have made a big contribution to KWHB and we know you will continue to



be role models for good health in your communities.

Board Literacy

Our new Board Directors will receive a thorough induction by our long term governance trainer Rob Burdon of Burdon Torzillo. Rob does a great deal of governance training with the KWHB executive, and his experience and independent guidance is always appreciated.

This year there has been a marked increase in the quality of information presented by staff members at Board Meetings, particularly looking at Health Stats, measurement against key performance indicators, careful consultation on health service delivery decisions and an ongoing monitoring of finances, especially in program areas and Medicare.

It is important that the Board operates at this high level, and it allows us to better understand the abilities and challenges that our staff members face.

Looking ahead to 2013-2014

This year is going to be a big one for KWHB. We are continuing our grassroots focus in communities, including remote outstations, and I will work in this area directly as the Outstation Representative on the Board.

There are many ongoing health challenges in our remote region, especially in the area of Chronic Disease, but we feel that our staff are very capable and up to the challenge.

- Willie Johnson
KWHB Chairperson

CHIEF EXECUTIVE OFFICER'S REPORT



This financial year bore all the hallmarks of renewal and growth for Katherine West Health Board (KWHB). However, such growth does not occur in a vacuum. It requires committed team work and a foundation of a sustained high quality delivery of primary health care services.

I am pleased to report that KWHB have indeed facilitated effective health service delivery to our region in 2012 - 2013. More substantially, we have established systematic processes to ensure that while we are delivering these services we are also able to take on board community client and stakeholder feedback. This plays into an important clinical quality improvement approach to all of our work.

Financial Position

As has been the case in recent years KWHB can again demonstrate from the Audited Financial Statements for 2012/2013 that core primary health care services have been delivered with good use of the funding at our disposal.

KWHB's independent auditor for this year, KPMG, states: 'The Corporation performed well financially with respect to health service delivery to all communities in the Katherine West region during the 2012/2013 financial year'.

This Annual Report

Sinon Cooney (Manager PHC) discusses some of the results of our collated data around key performance indicators which demonstrate good outcomes across incidents of care, first antenatal visits, immunisation rates, birthweights of babies and a 99% rate of children being seen each each



year.

We do have challenges in addressing anaemia and trachoma and we will be placing a greater priority on measures to address these issues in the future. Issues remain around the amount of adult health checks we do, along with female wellness checks. KWHB will continue to analyse data to address issues in service delivery.

Capital Infrastructure

It is taking time but slowly the clinic infrastructure in our communities is being upgraded. This year saw the construction of the new Lajamanu Health Centre which has greatly helped our service to the community.

Now we have new Health Centres in Kalkaringi and Lajamanu and recently renovated clinics for Pigeon Hole and Bulla. This has allowed our staff to better support and provide quality clinical services to our clients in these communities. We thank the Commonwealth and Territory Governments for the substantial contributions towards improving such important infrastructure.

Teamwork – Working Together

You don't deliver effective health services across such a vast

CHIEF EXECUTIVE OFFICER'S REPORT



expanse such as the Katherine West Region over a prolonged period without having seriously talented individuals working for you; without good governance structures and practices and without having good quality communication across the whole team.

I would like to sincerely thank all of our staff working out in the field of our community health centres. Without your dedication and durability it would be much harder to provide such a high quality service.

I thank our hard working and committed Leadership Group members for their support and valuable contributions to our mission to improve the health and quality of life for all the residents of our region.

Our Leadership Group take on board a lot of responsibility for the structure, quality and outcome of most of the decision making made around our health service delivery.

Thank you Japarte (David Lines, Community Development Manager), Bec Gooley (Senior PHC Advisor), Liz Yates (General Manager) and Sinon Cooney (Manager PHC) for such an excellent close working relationship and mostly for the humour we share when things get a bit tough!

Thank you Reece O'Brien for the quality you have brought to the Information Communication Officer Role and ability to deliver in the occasions of tighter time frames.

Sadly we will be saying farewell to Dr Tanya Davies (Senior Medical Officer) and Lisa Kelly (Finance Officer). Thank you for your hard work and commitment. It is heartening to know that Tanya and Lisa are both not lost to the Katherine region itself. We wish them all the best for their future in the health sector.

I would also like to thank all of our Board Directors, our Chairperson Willie Johnson (Japanangka) and our Honorary Board Director and Chair Mentor Joseph Cox for their support, wise counsel and fun travels when we hit the road.

- **Sean Heffernan**
Chief Executive Officer

COMMUNITY DEVELOPMENT MANAGER'S REPORT



During this reporting period, the large focus has been on continuing to embed cultural safety in our organisation to ensure that good decisions are made at all levels in regard to the health service being accessible for all people in our communities.

For aboriginal people, there are many barriers to having good health.

Competent health service delivery includes not only technical considerations but also notions of cultural competence – our services need to be delivered in ways that take our client's culture into account, that are respectful, and that result in more effective engagement with Aboriginal people.

Cultural Security Framework

To this end, our main focus has been developing a Cultural Security Framework for our health service this year. KWHB are one of the first health organisations in Australia to develop a document such as this.

The purpose behind this document is for all staff members to understand how KWHB should be engaging our clients, and the document should be a guiding pathway for staff members when working together as a team, and when engaging clients in the community.

Developing KWHB into a culturally secure practice requires an ongoing commitment and awareness from non-Aboriginal staff.

It is not something that is 'completed' or 'achieved' at any point, but is instead a continuous process of engagement and understanding, a pathway rather than a fixed goal.

Engagement

The Cultural Security Framework was finalised in June 2013, and came about after extensive engagement and consultation with;

- Edward Tilton and Jeannie Devitt, outside specialists
- Ngumbin Reference Group
- Numerous Board Meeting discussions at full and executive meetings
- Teleconferences with remote staff to understand their needs, work habits and the level of guidance and support they would like the document to provide.

Action List

The Cultural Security Framework also delivered a new set of action items, which will be followed up on during 2013-2014, focussing on staff and client engagement, awareness of the document and embedding of key recommendations and objectives.

COMMUNITY DEVELOPMENT MANAGER'S REPORT



Community Consultations

In the calendar year of 2013, we have held open community meetings in all of our main communities, and engaged in direct consultation with communities and outstations on the Duncan Hwy to the far western edge of our region.

Open Community Meetings and Elections

During this calendar year (2013) KWHB has held Open Community Meetings & Board Director elections in;

- Bulla
- Kalkaringi
- Kildurk
- Lajamanu
- Pigeon Hole
- Gilwi and Myatt
- Yarralin

This year KWHB also visited Duncan Hwy communities and outstations of Mistake Creek, Nelson Springs, Bamboo Springs, Bucket Springs, Bubble Bubble, Doojum, Marralem Outstation, Kneebone Outstation Legune Outstation, Waterloo, Rosewood and Budawurdu.

These communities are based in the NT, inside the KWHB health zone, but are serviced by the geographically closer Ord Valley Aboriginal Health Service (OVAHS) out of Kununurra.

The reason for this visit was to assess the needs of these communities, and to ascertain if OVAHS were providing good service to these communities inside the NT Border. The overwhelming feedback was that OVAHS were doing a good job, and KWHB will continue to purchase health service delivery for these communities from OVAHS into the future.

Community Consultations

KWHB's Ngumbin Liaison Officer continues to work well, providing good support for clients travelling into town for hospital or to see specialists, as well as providing excellent support around Ngumbin Reference Group.

Ngumbin Reference Group

Due to travel issues and community business, we were only able to hold one official Ngumbin Reference Group in 2012-2013, on 27 March 2013.

However this year the NRG has worked closely with Bec Cooney, KWHB's Health Promotion Coordinator, to ensure we have a well developed Health Promotion Register available on our Intranet.

There has been a lot of work in the background, ensuring resources are checked and approved by appropriate people. The admin side of this task has been immense, but we have a good footing now in ensuring all health promotion resources we use to engage clients at KWHB has been vetted by Ngumbin people and approved for targeted, culturally appropriate use.

Action Items and Environmental Health

The CDM role continues to respond to community generated issues raised to KWHB. These action items are generated at Open Community Meetings, Board Meetings and ad hoc, and all requests are followed up as part of KWHB's management structure.

- David Lines

Community Development Manager

GENERAL MANAGER'S REPORT



It has been a big year in the back office at Katherine West Health Board, with much activity going on to support our health service delivery aims.

Finance Team

This year we have seen the departure of long term team member Lisa Kelly from our Finance Team. Lisa has been with KWHB for 13 years, and has overseen an immense transition in our finance processing to the modern, robust system it is now.

Assets Management

This year we have had Janice Hill managing our Assets Area, overseeing the maintenance of our Assets in both Katherine and our remote communities.

Our Assets register keeps records of all assets within the organisation, and this data feeds into our organisational and budgetary planning on a number of levels.

Assets also feed into our occupational health and safety objectives, with health centre equipment, chemicals motor vehicles etc overseen by this area of our organisation.

Janice (Assets Manager) and Tom McGee (Assets Assistant) have done an excellent job.

Human Resources

With such a large remote workforce that is constantly changing with long and short term staff, we need to have a robust Human resources team.

This year we have had great work in this section by Selina Kiernan, Nadia Menmuir, Michelle Barry and Rod Freeman, who all work hard and provide excellent support



for the organisation.

We have recently lost our Human Resources Manager of the last three years, Betty Oram. We thank Betty for her hard work and wish her all the best in her future endeavours.

Administrative Support

We have also received excellent administrative support from the ever reliable Melita Liddy (Health Admin Asst) and a new addition in Leila Kopp on the front reception desk.

Auditing and Quality

This year KWHB have gone to an even higher level of auditing and continual quality improvement with a structured and robust Quality Management System.

ISO 9001 Certification

ISO 9001 certification is recognised internationally, and signifies that an organisation has good management practices in place directed at realising the client's quality expectations and outcomes.

KWHB have continued to assess our internal information systems through the ISO process. Our first assessment was

GENERAL MANAGER'S REPORT

in 2011, and our last assessment against ISO Quality Management Standard 9001 in July 2013 yielded zero non-conformances, which is an excellent result.

National Safety and Quality Health Service Standards (NSQHS)

This reporting period KWHB underwent a gap analysis against the new NSQHS standards that are required of all health services in the country. The new standards aren't mandatory for KWHB, but we are choosing to be assessed against them to identify any areas we can improve upon.

The gap analysis revealed significant areas we need to develop competency in prior to the NSQHS standards becoming mandatory.

New IT Services Provider

This year we switched over to Immense Data for our Information and Communication support services. This new partnership has led to some positive outcomes already, specifically;

- Communicare is hosted at a more suitable data centre based in Perth
- Rollout of improved communications contracts for the region
- Switchover to a commercial grade Broadband Satellite to improve services to our satellite only data sites (installed in Yarralin, soon to be installed in other sites)
- Upgraded file and email server in Katherine
- Hardware upgrades at all sites, including laptop computers, uninterruptable power sources, ThinClient

desktop work stations and other equipment

- New Spam software
- Decreased incidence of network failure and support required by staff members, which is an important development

Safety Team

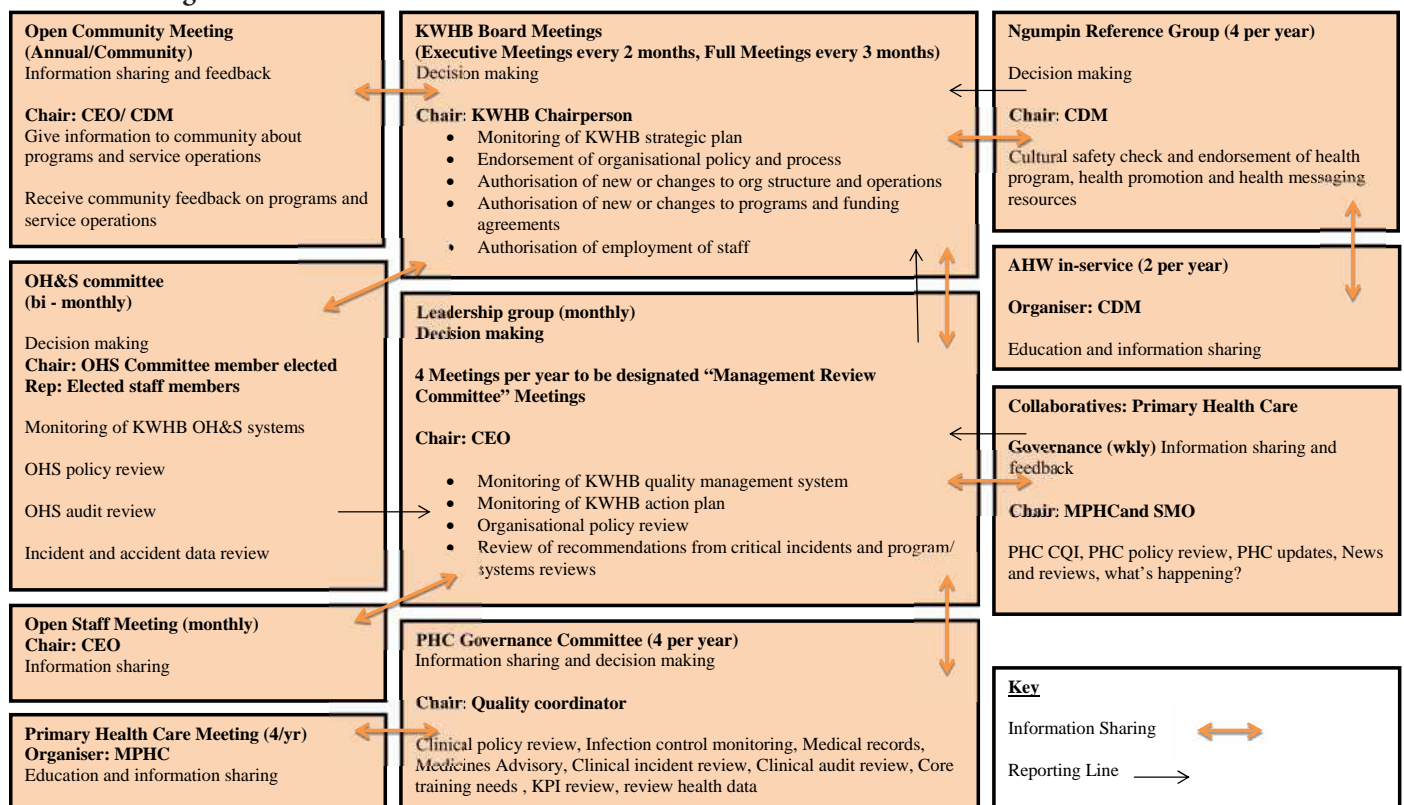
KWHB's Safety Team met five times in this reporting period, discussing numerous areas of the organisation, specifically around Incident Reporting, Workplace Hazard Inspections, Equipment, Audit testing and other issues relating to Occupational Health and Safety.

Management Review Committee

This year we have held quarterly Management Review Committee (MRC) meetings, which help us to manage our quality management system.

MRC looks at audit results, customer feedback data, trend analysis of data relating to process performance and extent to which services delivered meets customer requirements, status of preventive and corrective actions (continual improvement), follow-up actions from previous management reviews, information on changes that could affect the quality management system, recommendations for improvement, status report on the audit register, status report on the document register, status report on mandatory staff training, status report on performance reviews for staff, status report on staff's required licenses and registration and other credentialing requirements, status report on occupational health and safety, status report on compliance management and a clinical governance report.

KWHB Meeting Action Structure



HEALTH REPORT



Norbert Patrick, Warren Snowden MP, Sinon Cooney and Sean Heffernan at the Lajamanu Health Centre Opening.

Overview of our Health Stats

Katherine West Health Board continues to follow best practice in regard to submitting and analysing health data collected from our region via our patient information system, Communicare.

The Key Performance Indicator report for 2012-2013 shows general improvement across the board with the exception of a couple of areas.

KPI's are a key area of evaluation for KWHB, it informs our ongoing work and action planning, and is a major plank of our ongoing Continual Quality Improvement goals.

In the majority of key indicators, KWHB has much better results than the rest of the NT and continues to improve in relation to previous reporting periods, where the rest of the NT has remained somewhat stagnant.

This year we have had positive results in the areas of;

- Episodes of care, which have increased significantly, meaning more people are accessing our service from year to year
- First Antenatal visits are up from 45% to 56%
- Low amount of underweight children, with 99% of eligible children being tested on their weight yearly
- A slight increase in clients on Chronic Disease Management Plans, which is an excellent result with our coverage of Locum GPs really buying into our systems.



- A slight increase in adults receiving health checks in both the 15-55 and 55+ age categories.
- Excellent rates of timely vaccinations for children at 90%, well above the NT average of 76%.

Challenge Areas

Katherine West Health Board has some areas to focus on in 2013-2014 and into the longer term.

Anaemia

Our anaemia rate in children is at 22%, and while this is below the NT average of 25%, this rate is still too high. We have good coverage and testing rates, however we need to ensure we have a focussed approach to Anaemia Health Promotion as an organisational priority.

Adult Health Assessments

This area is always a challenge, and we would like to continue to increase our rates of adult health checks.

Pap Smears

Our rates of Pap Smears performed this year have dropped to 61%, a slight decrease. This could be as a result of less staff trained to perform pap smears. While we still have a much better proportion of women receiving Pap Smears than in the rest of the NT, we have plenty of work to do. Need to encourage staff to attend training where possible

HEALTH REPORT

and make sure pap smears are always on the agenda for PHC staff. Useful to talk at PHC Governance Committee around strategies to improve.

Collaboratives in 2012-2013

This year we carried on with a renewed Collaboratives process after extensive work in refreshing this process in 2011-2012.

Our weekly Friday morning Collaboratives meetings continue to involve all PHC Staff in Katherine and bush based staff.

The weekly focus in 2012-2013 has been on key risk areas identified through audit data analysis and feedback. These are mainly child health, maternal and women's health, chronic disease and preventative health.

This year we have had numerous guest presenters at Collaboratives, speaking about emergency treatment in pregnancy, asthma management, sexual health promotion, intraosseous access, vaccinations, personal electronic health record management, nutrition and other topics.

We also had great weekly case studies, delivered by remote PHC staff. These case studies were very enlightening, especially in relation to our region, and were well regarded amongst staff as very informative and of worth.

Primary Health Care Governance Committee

Following on from last year, we had monthly Primary Health Care Governance Committee (PHCGC) Meetings during 2012-2013.

This committee is made up of key members of our PHC team, and discussed all matters that are important to the overall quality and responsiveness of our service delivery.

The group reviews KPI data, incidents, approves changes to the core clinical systems like pharmacy and Communicare issues, reviews existing policies and procedures and makes recommendations for improvement of our broader PHC systems.

These meetings have worked in well our other management structures, with information from PHCGC meetings informing numerous other discussions taken at Leadership and Board level.

Other Meetings

This year we have also held Aboriginal Health Practitioner In-Service Meetings, and twice yearly Primary Health Care Meetings.

These meetings have long been used at KWHB to ensure we are collaborating during our education, and the meetings continue to be high quality and informative.

Emergency Care and Response

This year we have had relatively few emergency incidents, however we continue to have good engagement with regular meetings and informal discussions held between KWHB and emergency health service providers;

- Katherine and Darwin Hospitals
- CareFlight
- St Johns Ambulance
- NT Department of Health

Patient Travel

The safe and accessible travel for our patients remains a big priority for KWHB. We hold quarterly meetings with the Katherine District Hospital, with a standing agenda item being any patient travel barriers our clients are experiencing.

There remains issues for travelling patients, however KWHB have excellent internal systems for managing this through our Ngumbin Liaison Officer and through ongoing direct engagement with service providers.

General Practitioners

This year we recruited a full time GP to Lajamanu, a very capable doctor from Great Britain in Dr Adam Brownhill.

We have also had consistent coverage with Locum GPs across all our health centres, with excellent work in helping to develop this system by our outgoing Senior Medical Officer.

Remote Area Nurses

KWHB continues to have a good mix of long term, short term and returning remote area nurses on our team. We have an excellent orientation program in place for RANs, developed over a number of years, that make the transition seamlessly into our systems in most cases.

We take this opportunity to pay tribute to the hard work and dedication of our GP and nursing staff.

Aboriginal Health Practitioners

KWHB currently has excellent coverage by both senior and trainee Aboriginal Health Practitioners (AHP). A big highlight this year was the graduation of four AHPs (Brian Pedwell, Dee Hampton, Deb Jones and Rhonda Henry) into the new required standard of Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

We also have two new trainees, one on Kalkaringi and one in Timber Creek. These are very welcome additions to our team and we look forward to watching them develop in a strong team in the coming years.

HEALTH REPORT

Profession	Type	Number of visits
Specialist	Renal Physician	5
	Respiratory Physician	2
	Paediatrician	8
	Gynaecologist	3
	Audio	17
	Physician	18
	Ophthalmologist	2
	Cardiologist	2
Allied Health	Exercise Physiologist	6
	Podiatrist	4
	Optometrist	8
	Dentist	11
	Dental Therapist	9
	Aged and Disability Service	4
	Mental Health	6
Nursing	Mid-Wife	13
	Sexual Health	5
Educator	Cardiac	3
	Diabetes	3

Visiting Specialists in our region

This year we had a large increase in visiting physicians to our region, especially with dental and podiatry specialists visiting our region and working in our health centres.

KWHB receives great support in coordinating visiting specialist visits to our region from our Health Operations Coordinator Rod Freeman.

KWHB will continue to ensure visiting specialists work in our region and try to ensure an ongoing consistency of care in the way we provide specialist services.

Telehealth

This year we are looking forward to a big focus on Telehealth, which involves patients coming into the health centre and having a specialist consult via a high quality teleconference from within the community.

The new Health Centres in Kalkaringi and Lajamanu both have excellent access to Telehealth equipment, so KWHB will be very focussed on making this a sustainable part of our comprehensive primary health care approach.

Goals for 2014

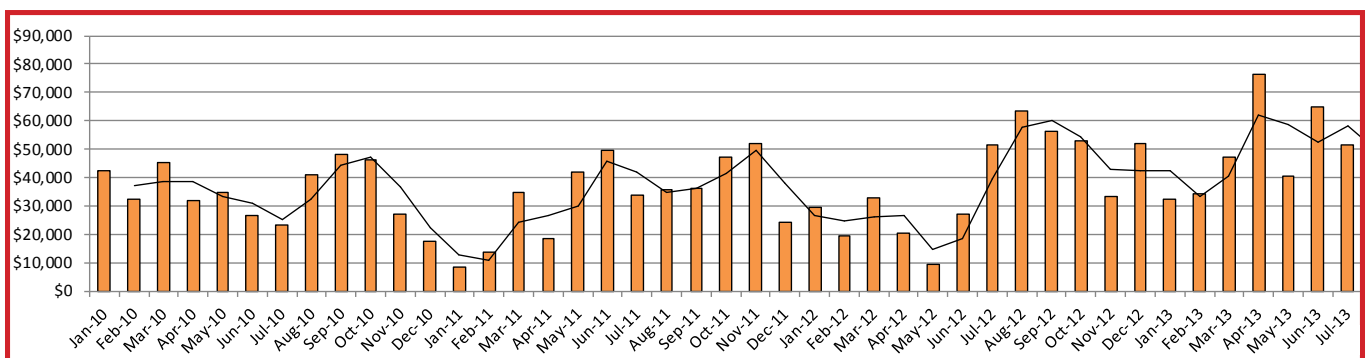
- Lower rates of childhood Anaemia
- Increase specialist services
- Increase women's health provision, especially Pap Smears
- Ongoing focus on Preventative Health Care and Chronic Disease Management

Medicare Income

Our Medicare Income continues to increase, as it has done every year since 2010, which is a terrific indicator that our systems are working well despite having a high turnover in our remote workforce.

Our Health Centre Staff have been very diligent in collecting Practice Incentive Program (PIP) consents and ensuring patients are signed up, as well as ensuring we maximise our income from claimable services.

Excellent work has been done in this area by our Medicare Officer Cindy Fahey.



HEALTH CENTRE STAFFING

Bulla Health Centre

KWHB continues to receive excellent and stable health coverage in Bulla by Betty Laurie and Rhonda Henry (Snr Aboriginal Health Practitioners). Where possible we are supplementing their work with a male RAN from Timber Creek

Kalkaringi Health Centre

Increased resourcing in Kalkaringi in 2012-2013, with a reasonable amount of permanent staff complementing consistent short term placements.

We have had a full time Chronic Disease Nurse based in Kalkaringi since February, working in the region providing specific Chronic Disease Care.

There is an extra staffer in Kalkaringi who now services Pigeon Hole three days per week. Kalk has continued to benefit from stable local staffing in the form of Dee Hampton, Leah Leaman and Rita Morris.

In 2013-2014 we are boosting staff in our Southern region, based in Kalkaringi, with a Health Promotion Advisor (FT) in Kalk, along with a Maternal and Child Health Nurse Practitioner (FT).

Lajamanu Health Centre

The construction and move in at the new Lajamanu Health Centre was completed in August 2013. The new facility provides far better access for patients and more appropriate professional facilities for our practitioners on the ground.

Lajamanu has a full time GP (Dr Adam Brownhill) providing excellent service, along with a very experienced Health Centre Coordinator in Deb Steele. There is also a GP Registrar helping out at the clinical level.

Lajamanu also has been well served by long term full time staff members Teresa Matthews, Kathryn Drummond, Trevor Meyle.

Pigeon Hole Health Centre

This year we were forced into changing the service delivery model in Pigeon Hole due to the relocation of a long term staff member in the region.

We now provide visiting health services for three days per week in Pigeon Hole (Tuesday-Thursday) through a visiting RAN from Kalkaringi, with a GP Locum available in the Clinic for one day per week (also visiting from Kalkaringi).

We made sure to thoroughly consult Pigeon Hole before making the change, with specifics about the change actually being decided by Pigeon Hole.

This has led to a good result all round for KWHB, with Pigeon Hole receiving an increase in episodes of care with



two staff members providing health service delivery, and with a full time female Snr Aboriginal Health Worker boosting our capacity in the larger nearby community of Yarralin.

Timber Creek Health Centre

Staffing at Timber Creek has been stable, with Denise Smythe continuing on with her excellent work as Health Centre Coordinator.

The best news for the year in Timber Creek was Deb Jones getting through Aboriginal Health Practitioner training to the Cert IV outlined previously in this report. That is a great achievement for both Deb and to the great learning environment created at Timber Creek Health Centre, and it increases our capacity to deliver quality services in the Timber Creek region.

Kildurk (Amanbidji)

Timber Creek Health Centre continues to provide a one day per week visiting health service to Kildurk Station.

This year we arranged a visit by Indigenous Hip Hop projects to Kildurk, which occurred in August 2013 and created a great health promotion video around hydration, culture, no smoking, alcohol or Gunja abuse.

Yarralin Health Centre

This year we had stable staffing in Yarralin, with Keith Burggraaf remaining the Health Centre Coordinator. and Corinna Sheleen as a permanent Remote Area Nurse.

Yarralin continues to be well served by stalwart Snr Aboriginal Health Practitioner Brian Pedwell, and this year our service was boosted further by Lorraine Johns joining the team as a female Snr Aboriginal Health Practitioner.

Yarralin and Timber Creek share a Locum GP, with the Locum spending one week in Timber Creek and one week in Yarralin, with this arrangement proving successful to date.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2012 to 30 June 2013

1.1a Number of health care episodes	45,687
Episodes of care shows the number of episodes of care for one person (generally coded in one day as an episodic event) using the health service	
1.1b Number of clients contacts	59,227
Client contact shows the workload of the health service staff. For example: in one day a child attends for a health review and is seen by the Aboriginal health worker (1 contact) then the GP (1 contact). This is one episode of care but two client contacts.	

Figure 1.1a Proportion of episodes of health care for Aboriginal clients of the community over the previous 12 months by resident status and gender

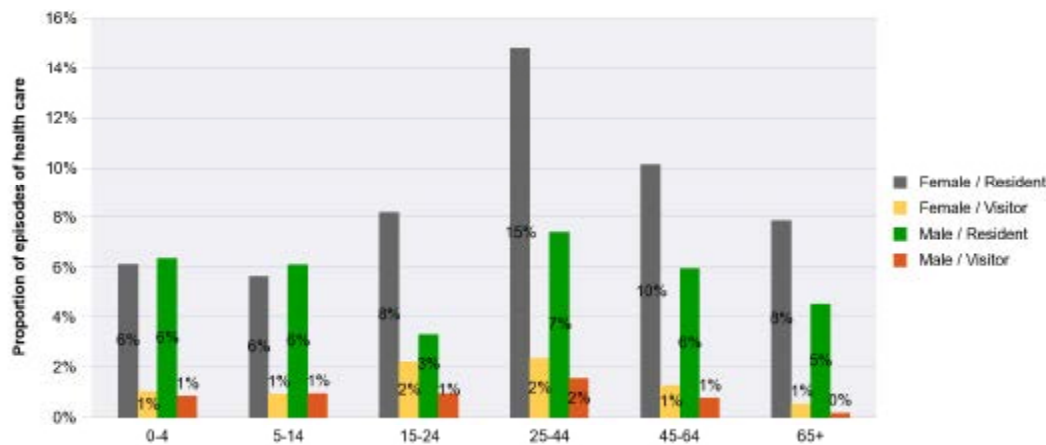
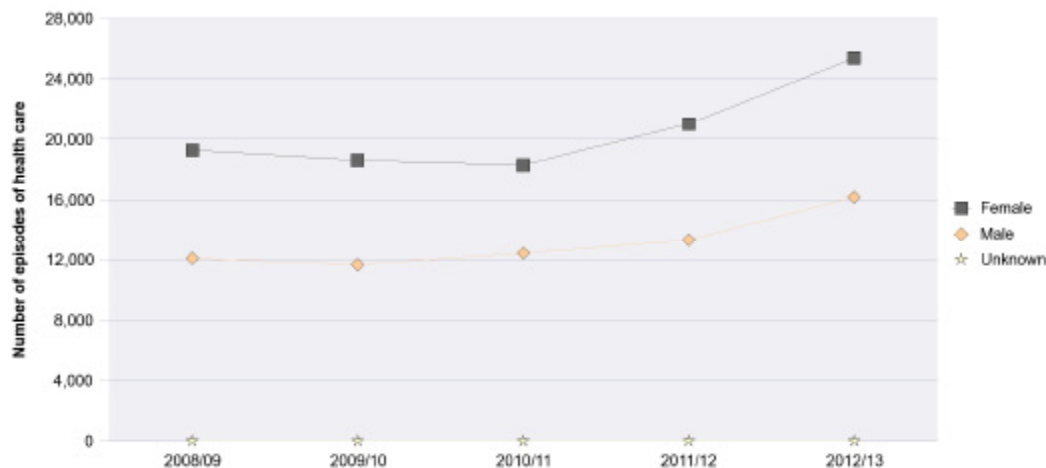


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Female	19,268	18,606	18,298	21,037	25,416
Male	12,090	11,665	12,443	13,350	16,180
Unknown	7	0	2	1	0

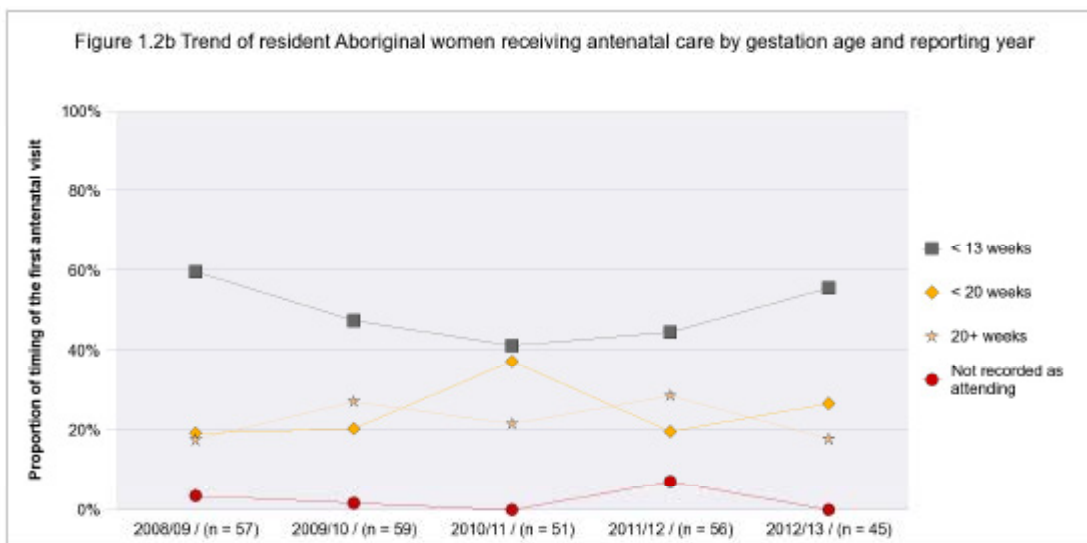
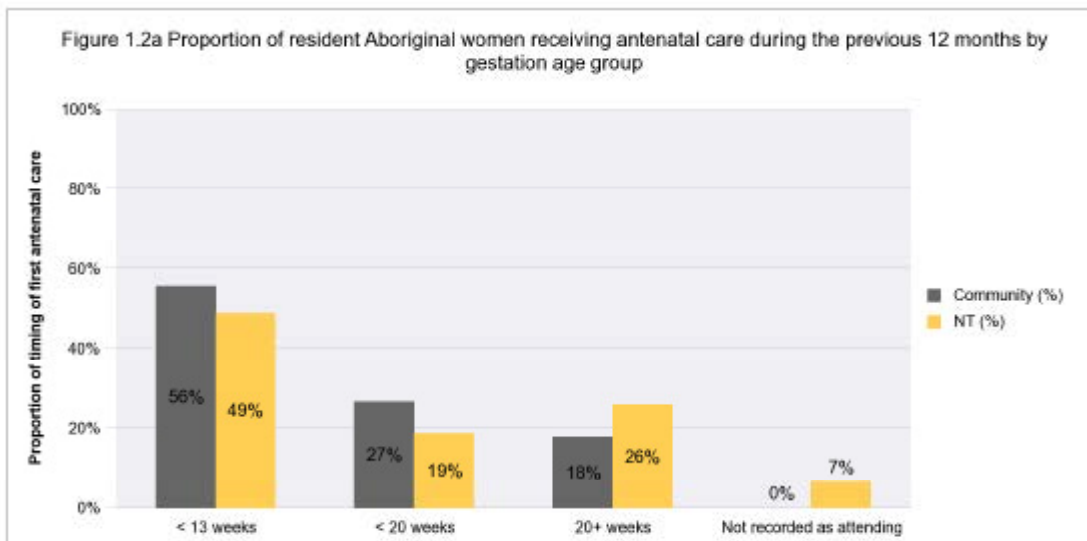
Comments:

Significant increase from last reporting period across both male and female. Around 7000 episode increase across the board, with around 3000 male episodes and 4000 female episodes increasing. Many possibilities as to why. Potentially an increased uptake of the service as we have seen over previous years. The RMP program staff (and other health centre staff) may not of identified themselves as no client contact, therefore being counted as an episode of care when checking pathology etc.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.2 - First Antenatal Visit

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



The above trend graph displays resident Aboriginal women, who gave birth during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	57	59	51	56	45
< 13 weeks	60%	47%	41%	45%	56%
< 20 weeks	19%	20%	37%	20%	27%
20+ weeks	18%	27%	22%	20%	18%
Not recorded as attending	4%	2%	0%	7%	0%

n = Population (denominator) is the number of resident Aboriginal women who recorded as resident of the community and who gave birth during the reporting period.

Comments:

Increase of 45% to 56% in attendance before 13 weeks which is good to see. This coincides with 20+ weeks decreasing. This is moving in a positive direction and has been over the last few reporting periods, we are now heading back towards the attendance at <13 weeks we had when the Womens and maternal health coordinator travelled regularly and delivered antenatal care. Hopefully we will continue to see improvements in this area with the role of NP RM developing.

Some issues with the data are women who may of attended antenatal care outside our region will not be recognised as attending before 13 weeks when they may have. This has always been the case however and is mostly unavoidable.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2012 to 30 June 2013

Figure 1.3a Proportion of babies born to a resident Aboriginal mother by birth weight category

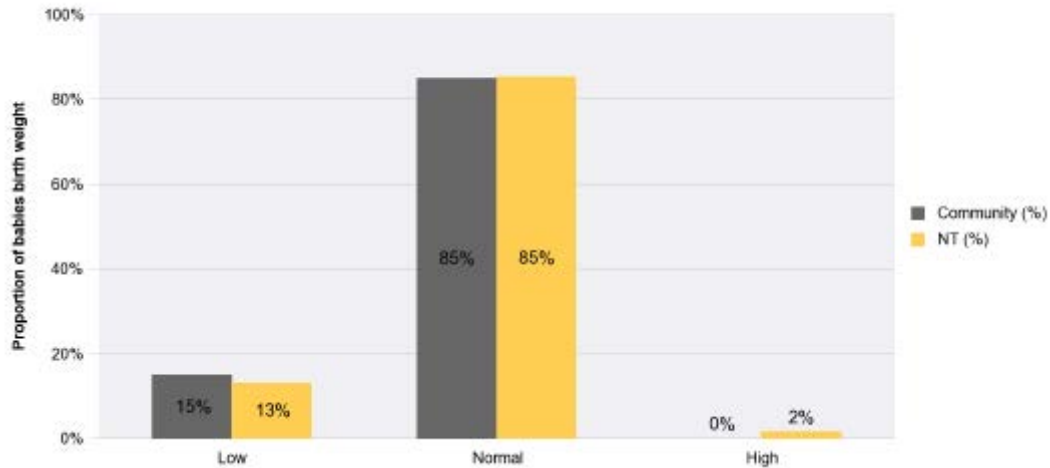
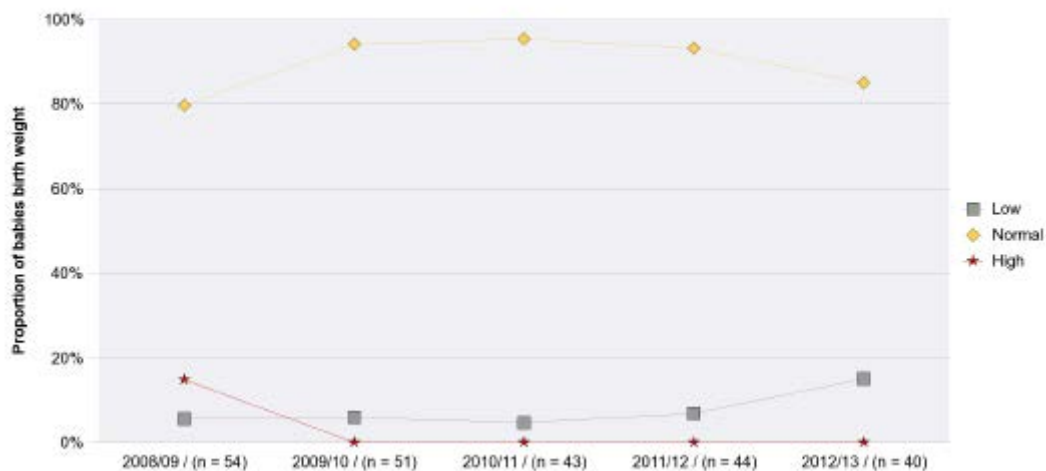


Figure 1.3c Trend of babies born to an Aboriginal mother by birth weight category and reporting year



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	54	51	43	44	40
Low	6%	6%	5%	7%	15%
Normal	80%	94%	95%	93%	85%
High	15%	0%	0%	0%	0%

n = Population (denominator) is the number of resident babies born to an Aboriginal mother who were live born during the current reporting period.

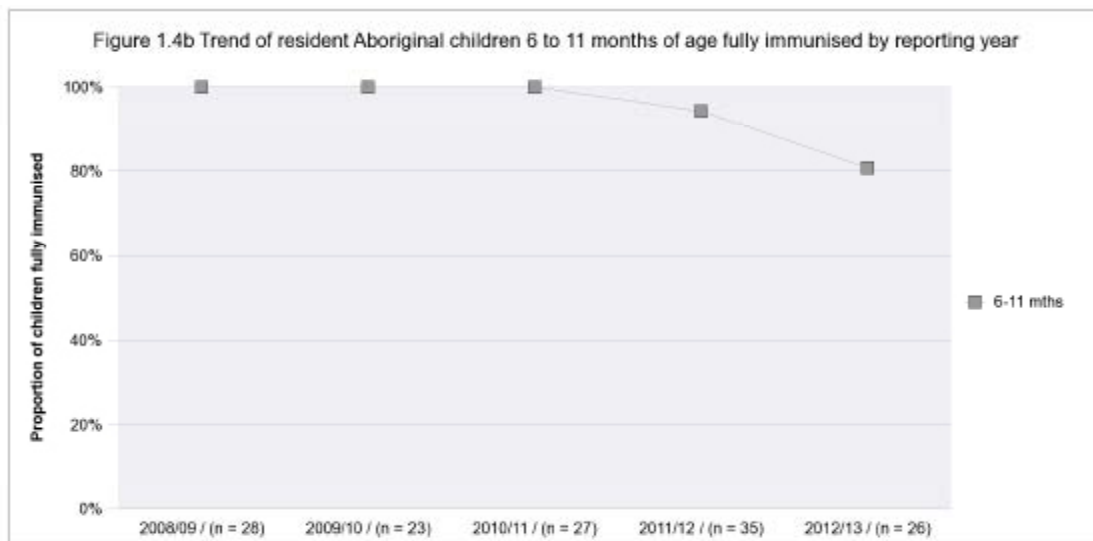
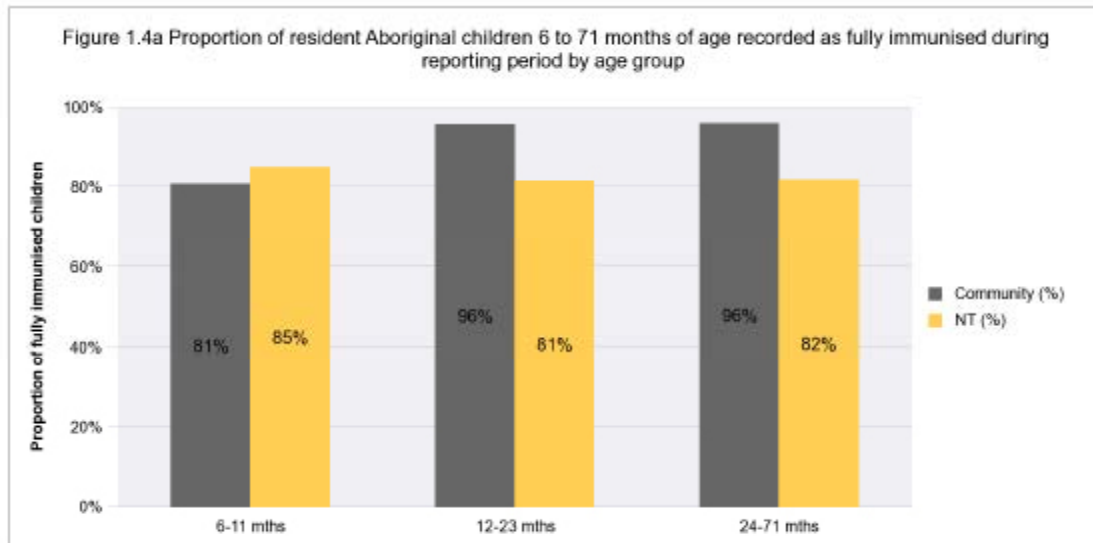
Comments:

Rates of low birth weight babies comparable to the NT average. Slightly higher than last reporting period, however with small numbers any increase will represent a higher percentage. Rates of smoking in pregnant women would help to explain this figure. There are 0 high birth weight babies in our region which is surprising given the incidence of T2DM and gestational DM.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.4 - Fully Immunised Children

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13	n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.
Population (Denominator)	28	23	27	35	26	
Fully immunised children at age : 6-11 mths	100%	100%	100%	94%	81%	

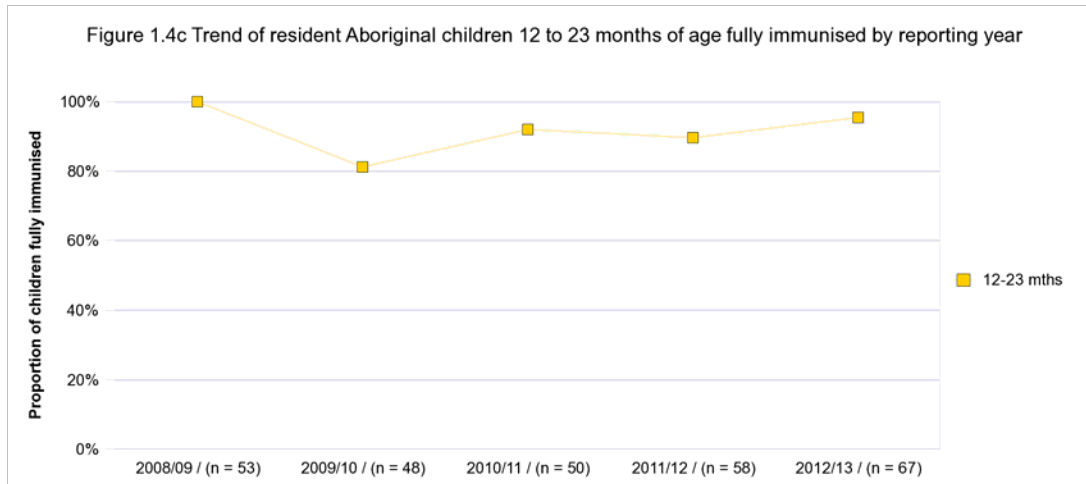
Comments:

Although we have always had immunisation rates above 90% across the board the lower percentage this reporting period still represents a small number of non immunised children across our region. We are still well above the NT average for greater than 12 months. With only 5 children below 12 months not being immunised. It is possible that the children not immunised are not in our region at present or have had immunisations elsewhere.

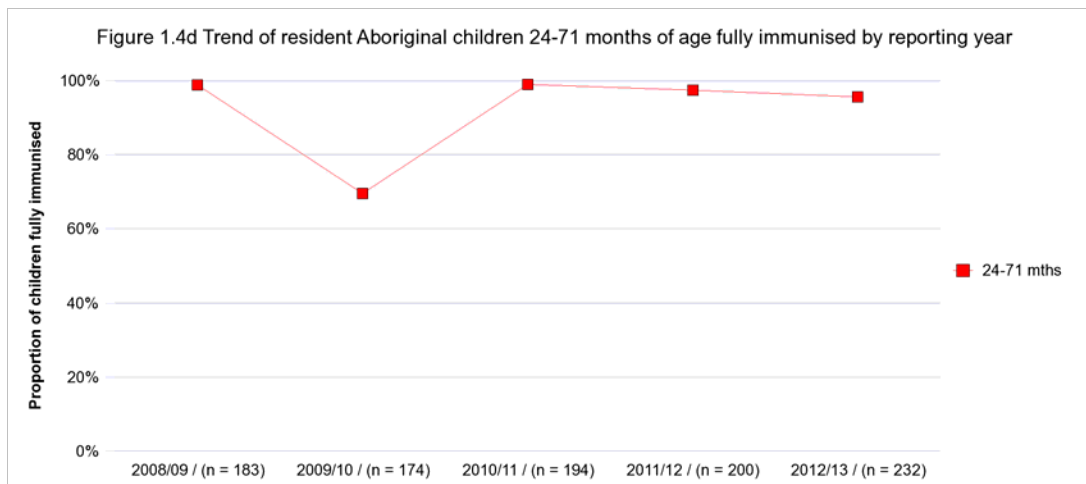
KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.4 - Fully Immunised Children (cont'd)

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13	n = Population (denominator) is the number of resident Aboriginal children aged 12-23 months.
Population (Denominator)	53	48	50	58	67	
Fully immunised children at age : 12-23 mths	100%	81%	92%	90%	96%	



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13	n = Population (denominator) is the number of resident Aboriginal children aged 24-71 months.
Population (Denominator)	183	174	194	200	232	
Fully immunised children at age : 24-71 mths	99%	70%	99%	98%	96%	

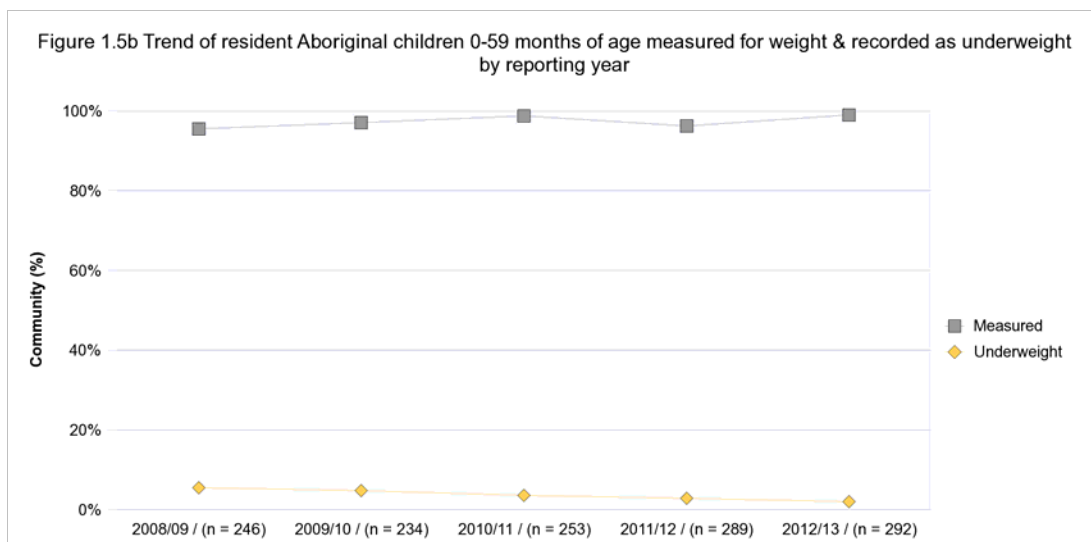
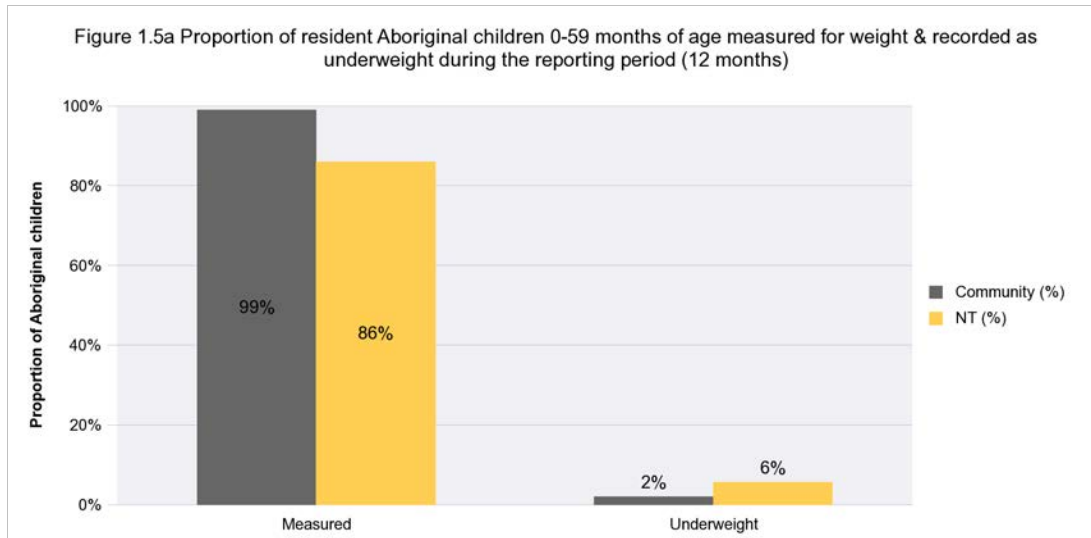
Comments:

Although we have always had immunisation rates above 90% across the board the lower percentage this reporting period still represents a small number of non immunised children across our region. We are still well above the NT average for greater than 12 months. With only 5 children below 12 months not being immunised. It is possible that the children not immunised are not in our region at present or have had immunisations elsewhere.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13	<i>n</i> = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.
Population (Denominator)	246	234	253	289	292	
Coverage	235	227	250	278	289	
Measured	96%	97%	99%	96%	99%	
Underweight	6%	5%	4%	3%	2%	

Comments:

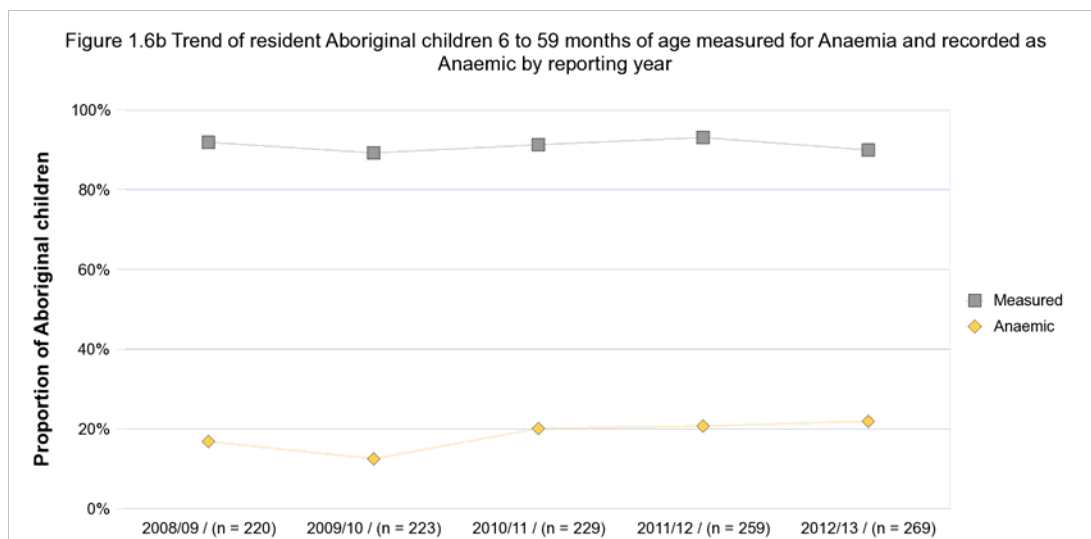
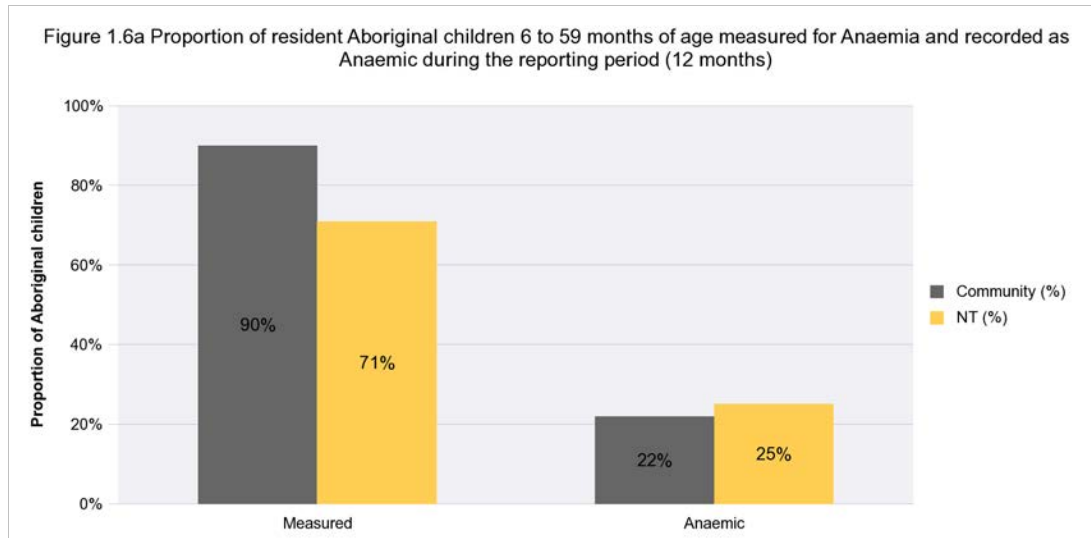
This is another good story, firstly the majority of children are being measured/checked for weight. There are very few underweight children as per the definition. However this does measure severely underweight children and does not consider the children who are growth faltering and failure to thrive. There still needs to be a conscious effort to monitor and support children who are FTT or GF, through GAP and regular contact with the health centre.

Regardless we still have far fewer underweight children then the rest of the NT.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.6 - Anaemic Children

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	220	223	229	259	269
Coverage	202	199	209	241	242
Measured	92%	89%	91%	93%	90%
Anaemic	17%	13%	20%	21%	22%

n = Population (denominator) is the number of resident Aboriginal children who are between 6 months to 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for Anaemia at least once during the reporting period.

Comments:

This remains a concerning statistic. Whilst we are lower than the NT average at 25% our rates have gradually increase from 13% in 2009/2010 to 22% this reporting period. This indicated we need to continue to have anaemia as a focus of training and education as well as health promotion activities. Maternal anaemia would also play a large role in these rates, so part of the NP RM brief should be directed to focus on maternal anaemia, to ensure children get the best start in life.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2012 to 30 June 2013

Figure 1.7a Proportion of resident Aboriginal clients managed on chronic disease management plan by disease group for a 2 year period

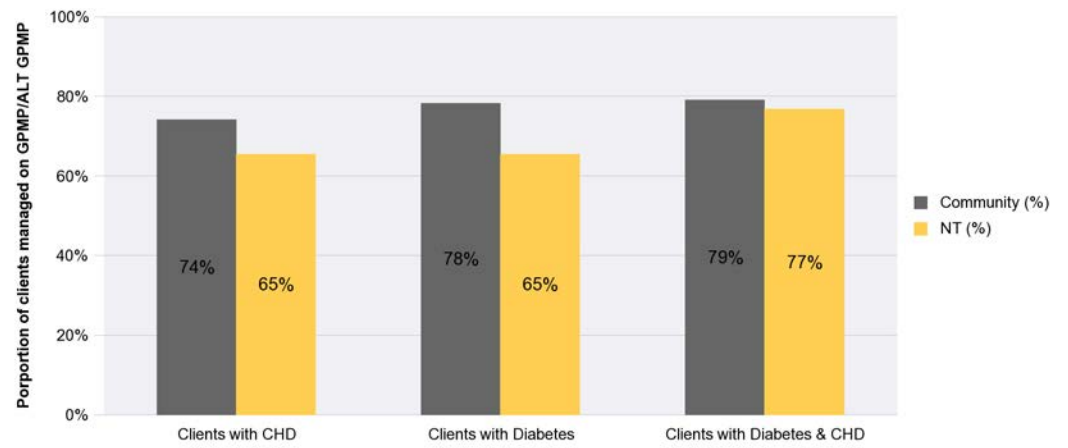
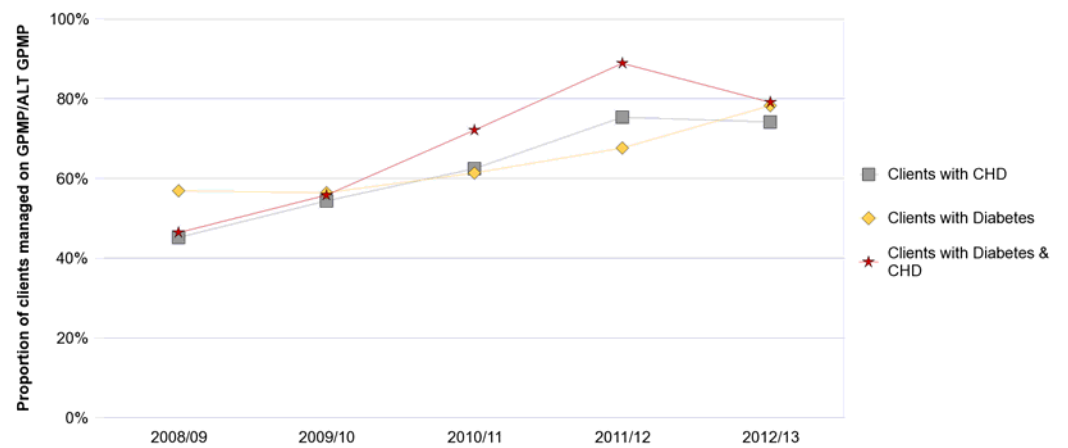


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group and 2 year reporting period



Reporting Years(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Type II Diabetes)	246	282	256	281	299
Population (Coronary Heart Disease)	42	57	56	61	58
Population (Type II Diabetes & Coronary Heart Disease)	28	43	43	45	43
Clients with CHD on GPMP/Alt GPMP	45%	54%	63%	75%	74%
Clients with Diabetes on GPMP/Alt GPMP	57%	56%	61%	68%	78%
Clients with Diabetes & CHD on GPMP/Alt GPMP	46%	56%	72%	89%	79%

Population (Type II Diabetes) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes.

Population (Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Coronary Heart Disease.

Population (Type II Diabetes and Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes and Coronary Heart Disease.

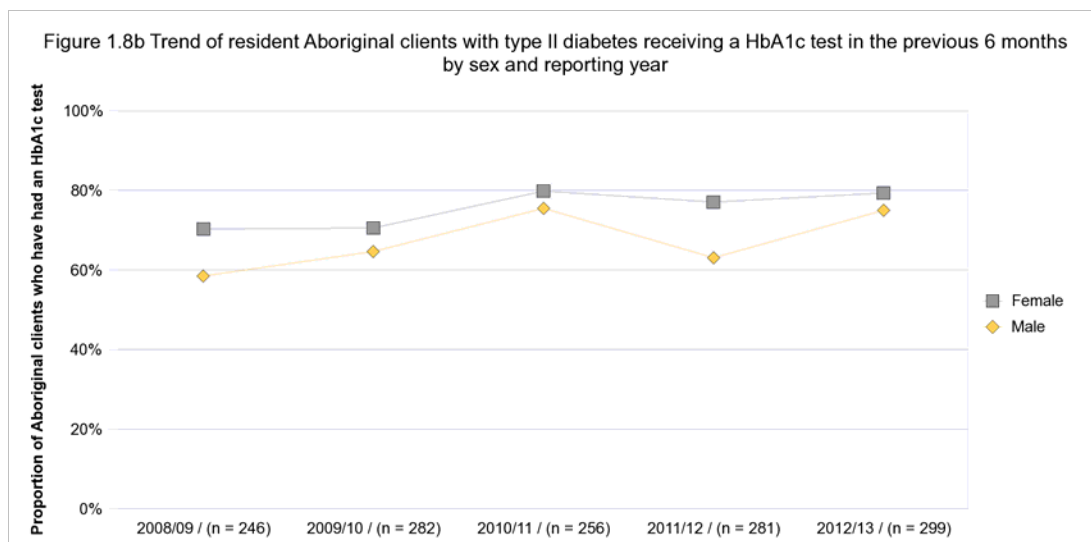
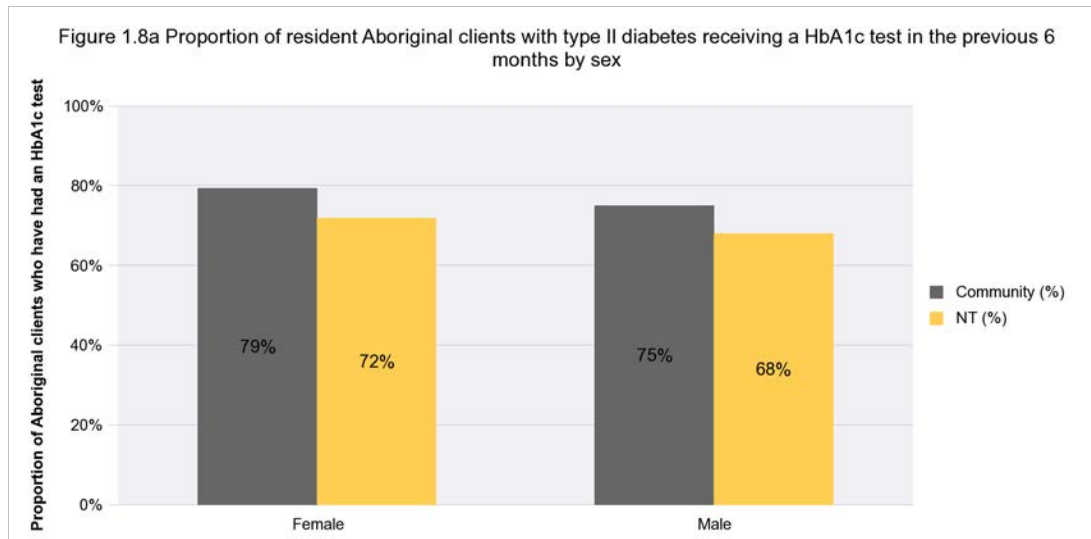
Comments:

Slight increase from last years' KPI report, which is great given that most GP's have been locums. Also significantly higher than the NT average.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.8 - HbA1c Tests

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13	<i>n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes.</i>
Population (Denominator)	246	282	256	281	299	
Female	70%	70%	80%	77%	79%	
Male	58%	65%	75%	63%	75%	

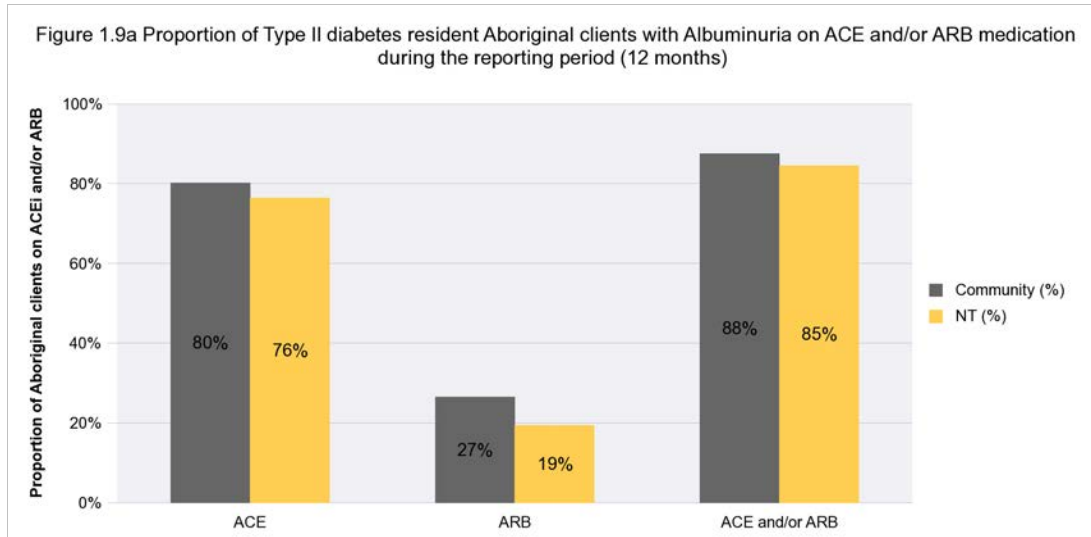
Comments:

Consistent with the number of people being seen for care planning. There is obviously a group of clients that we are not seeing around 66. A proportion of these clients may no longer be current patients or are being seen elsewhere for these checks. Again this is significantly higher than the NT average, and a slight increase from last reporting period.

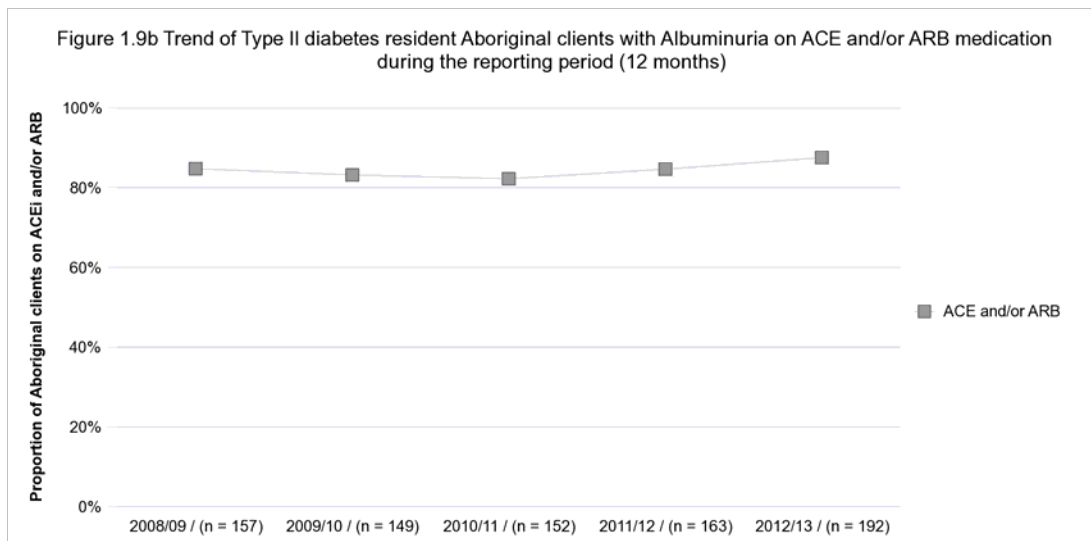
KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.9 - ACE Inhibitor and/or ARB

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



The combination of ACE and ARB has been found to worsen renal outcomes compared to treatment with either ACE or ARB alone including an increased incidence of acute renal failure. Therefore this combination should only be used under the supervision of a renal physician (Ontarget study Lancet : 2008).



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	157	149	152	163	192
ACE and/or ARB	85%	83%	82%	85%	88%

n = Population (denominator) is the number of resident clients who are 15 years old and over, who have been diagnosed with type II diabetes with albuminuria during reporting period.

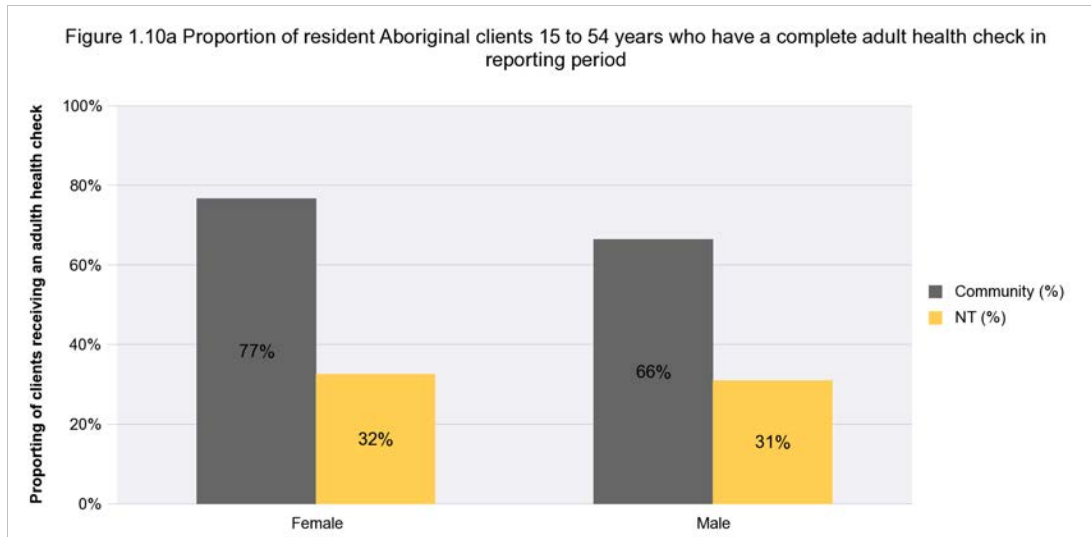
Comments:

Slightly better data than the NT average. Small increase from previous years. It is likely that the percentage remaining does not require an ACE and/or ARB.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	1,033	1,044	989	1,007	1,064
Female completed AHC in previous 1 Year	76%	67%	61%	48%	0%
Male completed AHC in previous 1 Year	65%	53%	54%	40%	0%
Female completed AHC in previous 2 Years	0%	0%	0%	0%	77%
Male completed AHC in previous 2 Years	0%	0%	0%	0%	66%

n = Population (denominator) is the number of resident Aboriginal clients aged 15 to 54 years.

Comments:

Improvement from last reporting period. Over 70% of our adult clients are getting a health check with over 50% having a medicare claim for a 715. This is significantly higher than the NT average, however given the episodes of care we are seeing we would expect that the majority of our client receive an adult health assessment.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2012 to 30 June 2013

Figure 1.11a Proportion of resident Aboriginal clients 55 years old and above who have a complete adult health check in reporting period

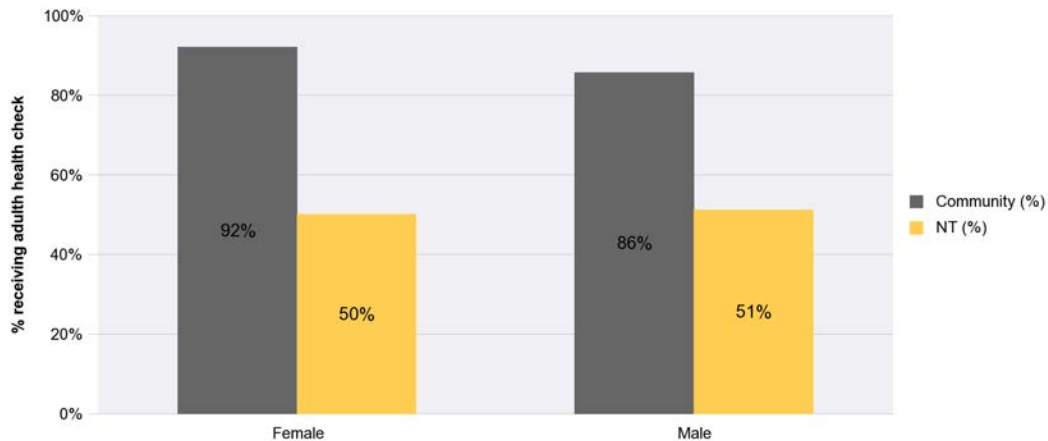
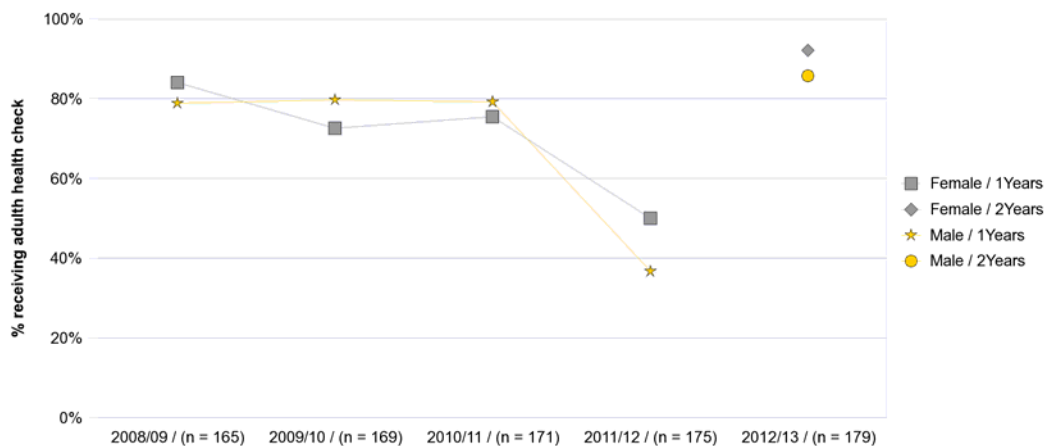


Figure 1.11b Trend of resident Aboriginal clients 55 years old and over who have a complete adult health check by sex and reporting period



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	165	169	171	175	179
Female completed AHC in previous 1 Year	84%	73%	76%	50%	0%
Male completed AHC in previous 1 Year	79%	80%	79%	37%	0%
Female completed AHC in previous 2 Years	0%	0%	0%	0%	92%
Male completed AHC in previous 2 Years	0%	0%	0%	0%	86%

n = Population (denominator) is the number of resident Aboriginal clients who are 55 years old and over.

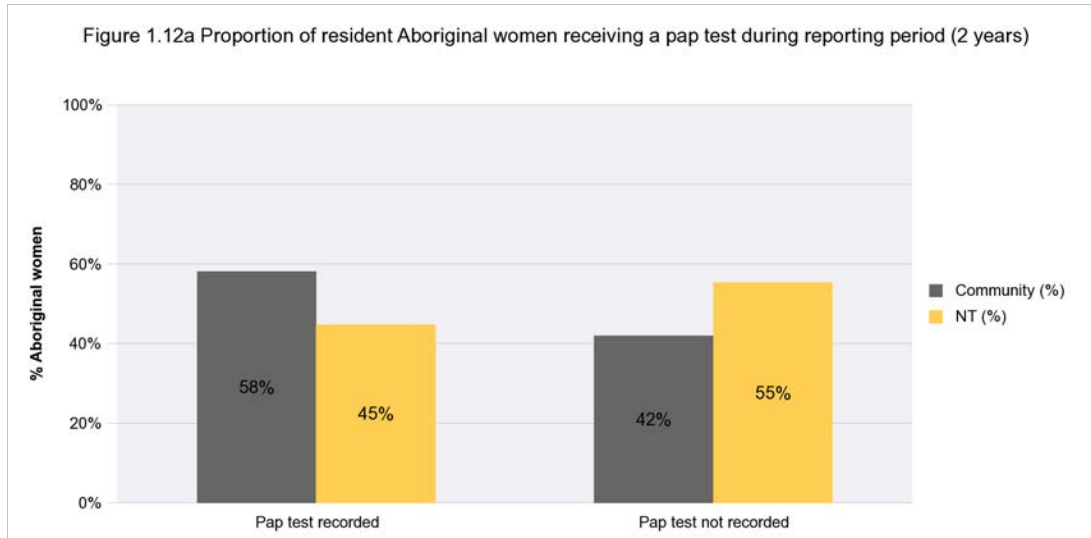
Comments:

Again improvement from last reporting period. Always a good uptake of the service from these clients due to chronic disease and regular ageing related illness. Would expect to see this percentage or higher for this population group.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



Reporting Year(s)	2008/09	2009/10	2010/11	2011/12	2012/13
Population (Denominator)	536	541	469	502	525
Pap test recorded 2 Years	66%	62%	76%	61%	58%
Pap test recorded 3 Years	0%	0%	0%	0%	74%
Pap test recorded 5 Years	0%	0%	0%	0%	83%

n = Population (denominator) is the number of resident Aboriginal women who were aged 20-69 years inclusive.

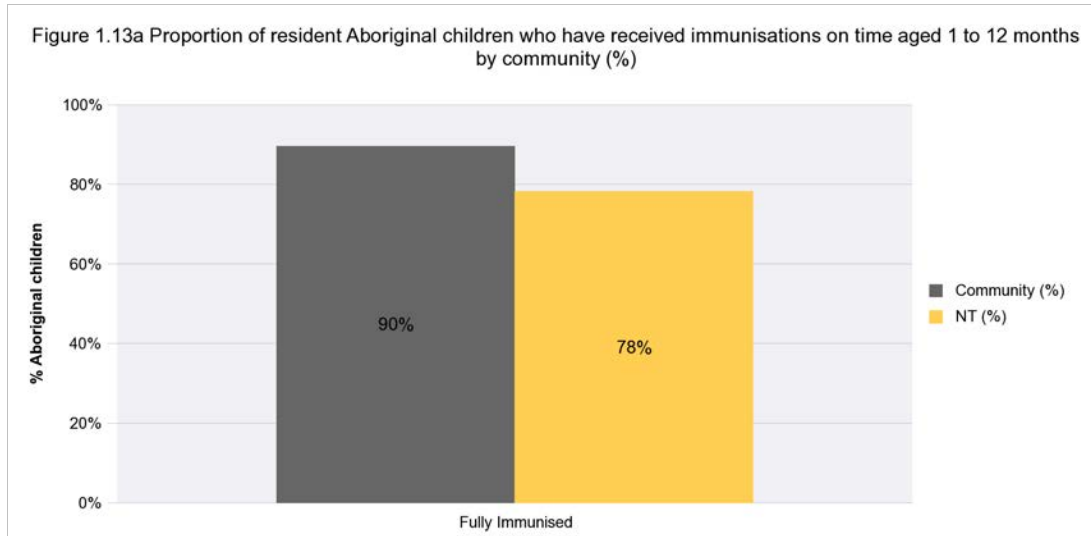
Comments:

Slight decline from last year, down from 61%. Could be as a result of less staff trained to perform pap smears. Still a much better proportion of women receiving pap smears than in the rest of the NT. Plenty of work to do. Need to encourage staff to attend training where possible and make sure pap smears are always on the agenda for PHC staff. Useful to talk at PHC governance group re strategies to improve.

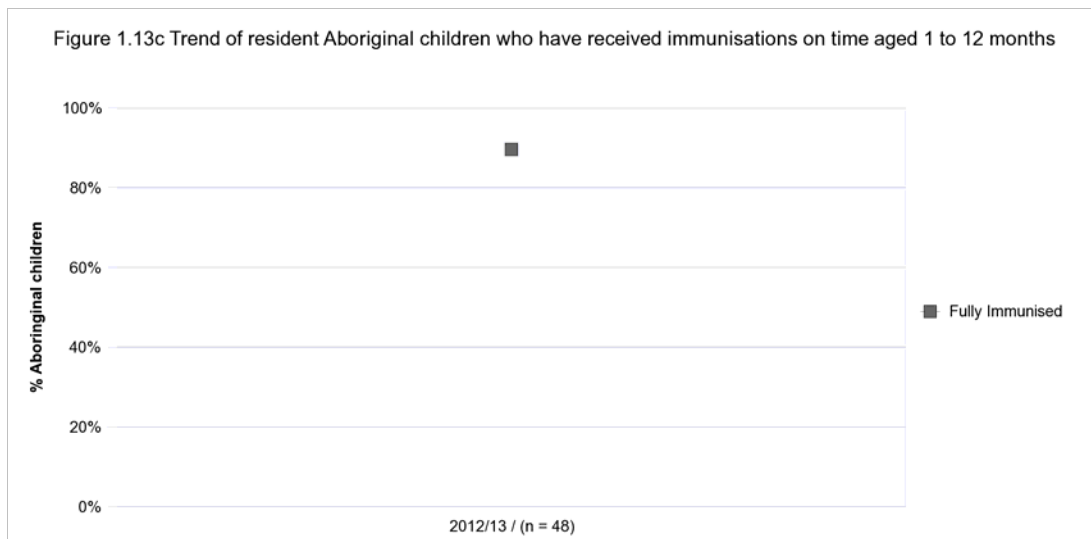
KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.13 - Timeliness of Immunisations

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



n = Population (denominator) is the number of resident Aboriginal children ages 1 month to 12 months of age.



Reporting Year(s)	2012/13	<i>n</i> = Population (denominator) is the number of resident Aboriginal children ages 1 month to 12 months of age.
Population (Denominator)	48	
Immunised on time	90%	

AHKPI 1.13 Proportion of children who have received immunisations on time aged 1 to 12 months		
Aboriginal children	Immunised on time	TOTAL
Immunised on time	43	43
% Immunised on time children	90%	90%
Number of resident Aboriginal children	48	48

Comments:

Great to see a large proportion of children being vaccinated in a timely manner. This is a new indicator so cannot compare to previous years.

KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.14 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2012 to 30 June 2013

Figure 1.14a Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels in the previous 12 months by Community (%)

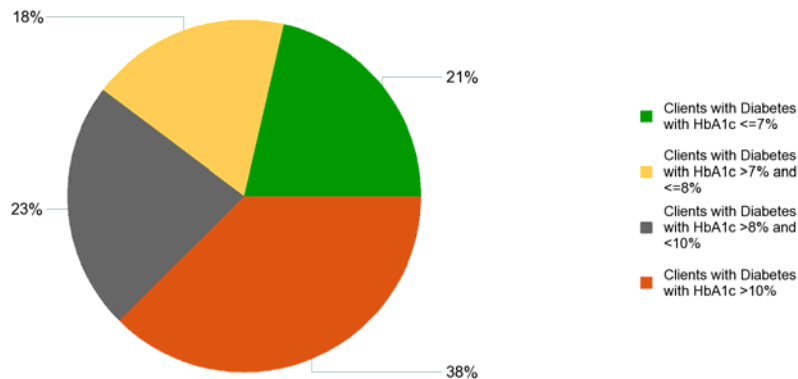


Figure 1.14b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels in the previous 12 months by NT (%)

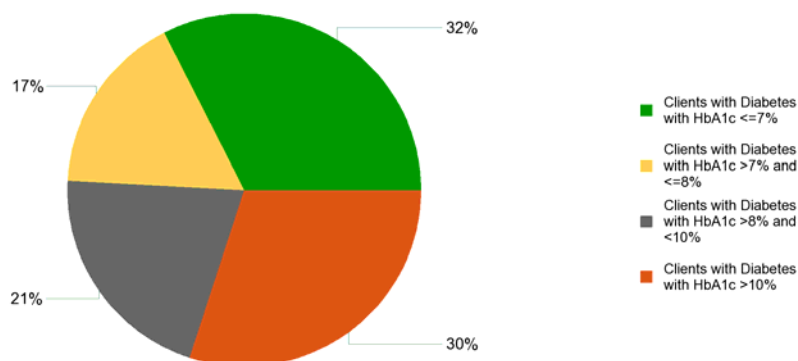
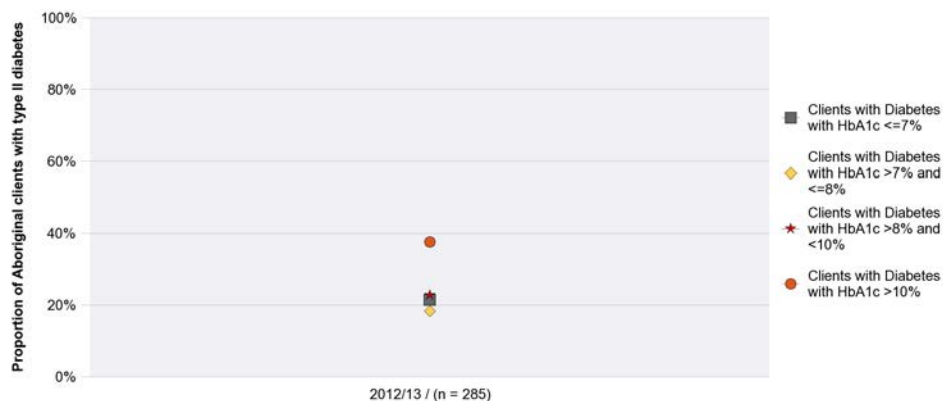


Figure 1.14c Trend of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels in the previous 12 months by reporting year



Reporting Year(s)	2012/13
Population (Denominator)	285
Clients with Diabetes with HbA1c ≤ 7%	21%
Clients with Diabetes with HbA1c > 7% and ≤ 8%	18%
Clients with Diabetes with HbA1c > 8% and < 10%	23%
Clients with Diabetes with HbA1c > 10%	38%

n = Population (denominator) is the number of resident Aboriginal clients with type II diabetes who have had one or more HbA1c test.

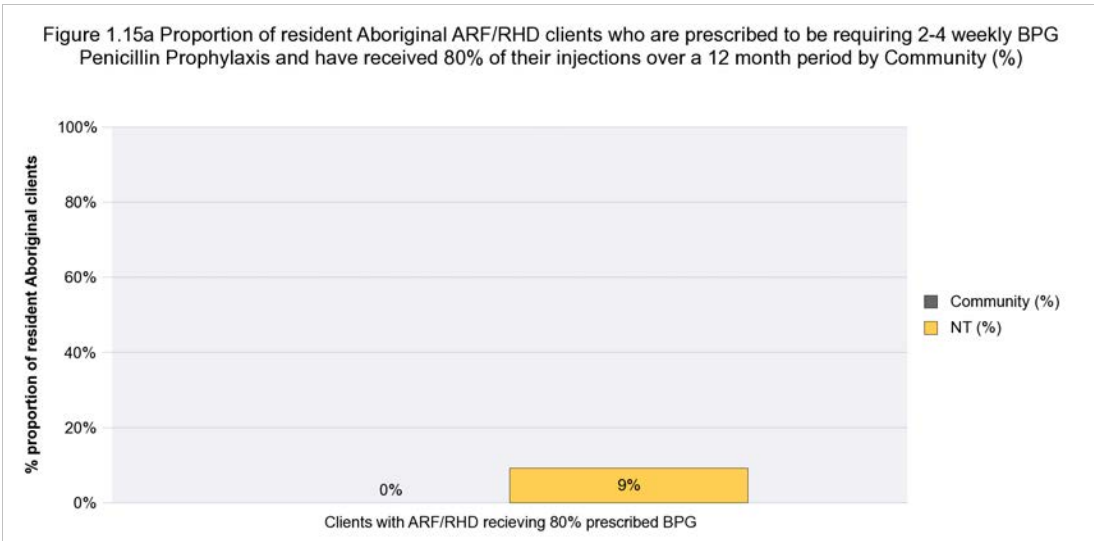
Comments:

First year that has been measured as part of the NT kpi's so no previous data to go by. Hopefully with continued case conferencing and stronger focus on chronic disease this will improve.

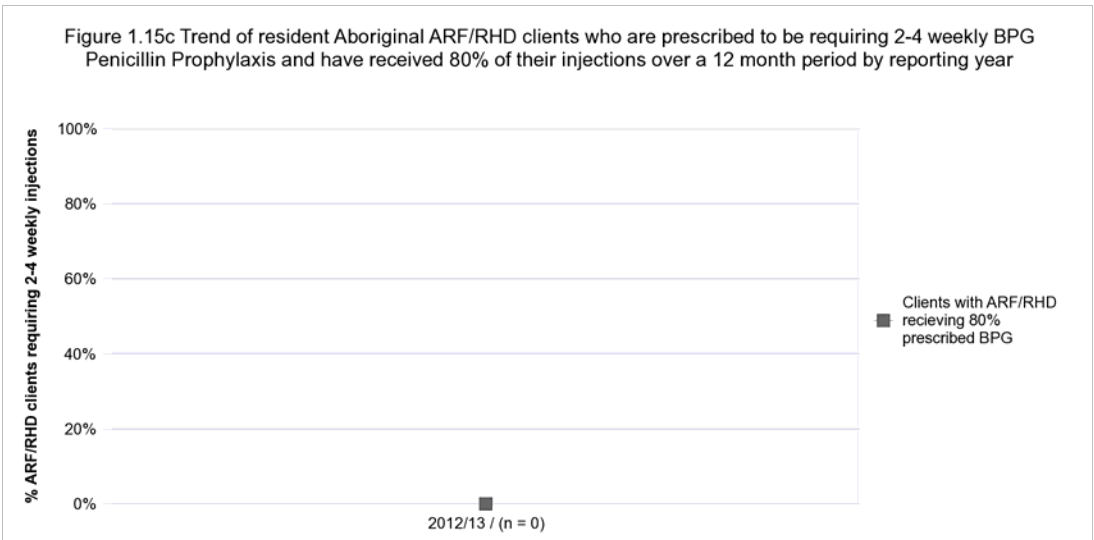
KEY PERFORMANCE INDICATORS OF HEALTH

AHKPI 1.15 - Rheumatic Heart Disease

Katherine West HSDA - for period 01 July 2012 to 30 June 2013



n = Population (denominator) is the number of Aboriginal ARF/RHD clients.



Reporting Year(s)	2012/13
Population (Denominator)	0
Clients with ARF/RHD receiving 80% prescribed BPG	0%

n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Comments:

This is a new indicator and was not reported against this reporting period. Will be interesting to see how well we do one this report is accessible.

HEALTH PROMOTION



The Bulla Gymnasium has been a great initiative through the KWHB AOD Program, with plans to increase sites in 2014.



Alcohol and other Drugs Program

Once again, it has been a busy year in KWHB's Alcohol and other Drugs (AOD) Program.

Overall in our region, rates of volatile substance abuse continue to be very low, and have lowered dramatically since 2010, rates of alcohol use have slightly dropped, and tobacco and gunja use continue to be below the NT average, but still high enough to warrant an ongoing health promotion focus.

AOD Support Workers - Sonny & Leah

Later in the reporting period, we were able to finalise the appointment of Sonny Victor and Leah Leaman (Kalkaringi) as AOD Support Workers, assisting the AOD Program Coordinator in providing health promotion services in the region.

There was a long period of consultation with these roles to make sure we have got the model right, and we are looking forward to a good year ahead with such capable people joining our team.

A main focus for the upcoming year will be widening the roles into the area of healthy living.

Referrals

This year we have continued to see people about addiction issues through internal and external referrals, with a number of people assisted into residential

rehabilitation for intensive treatment.

The role of AOD at Katherine West

The main roles of the AOD Coordinator position continues to be one-on-one counselling, assessment and direct AOD education.

All three staff members in our AOD team are members of the wider NT Remote AOD Workforce, which has 35 members across the Northern Territory.

This membership includes training, best practice information, clinical supervision, peer support, approaches to clients etc.

This membership includes two annual forums which are education based learning opportunities.

Hip Hop Health Promotion

This year the AOD Team worked closely with the visiting IHHP team when producing the Hip Hop Health Promotion Videos. All the videos contained messages about;

- No smoking
- The dangers of Gunja and chewing tobacco
- Not drinking alcohol to excess
- Encouraging family and friends to make healthy choices

HEALTH PROMOTION

Bulla Gymnasium Project

The AOD Coordinator, working closely with community members in Bulla, helped to organise the fit out of an area in Bulla for a Gymnasium, with weights and exercise equipment for use by people in Bulla.

KWHB are working with Victoria Daly Shire to establish another gymnasium in Kalkaringi, with an estimated completion date of December 2013.

Ngumbin Reference Group

The AOD Coordinator continued to work closely with the Ngumbin Reference Group (NRG) this year, getting new health promotion material created and approved for use among KWHB staff members.

These materials include;

- The Grog / Brain Story video set (English, Gurindji, Warlpiri)
- Alcohol and You - Booklet
- Health Promotion Music, Yarralin 2011
- Cannabis and Addiction - Booklet
- Cannabis is not our culture - Booklet
- This home is Smoke Free - Stickers

There are many other resources that are planned to be approved for use in our region in the coming 12 months.

KWHB's ability to respond

The best aspect of the AOD Program in recent years has been developing KWHB's ability to comprehensively respond to cases of alcohol abuse or people requiring referral to care or rehabilitation providers.

KWHB now has the ability to respond to situations at community level very quickly, and with a comprehensive approach involving brief intervention, quality resources and proven approaches to talking about behavioural change in a culturally safe manner.

Focus for 2013/2014

Gymnasium Program

In this upcoming year, we plan to continue with the Gymnasium program, hoping to implement it in other communities.

The plan behind the Gymnasiums is that they will eventually become recreation centres, where disability rehabilitation, mothers and babies classes and wider community use will be capable.

AFLNT Partnership

There is a prospect for partnering with AFLNT in health promotion activities with visiting professional AFL teams in the Katherine region. Using sport to speak with young people is a proven method for health engagement, so KWHB will continue to explore this opportunity.

AOD Workers

A large focus for 2013-14 will be developing Leah and Sonny as our AOD Support Workers and ensuring a sustainable model for the future.

Social Media

KWHB will continue to look at health promotion opportunities via social and online media, such as youtube education clips, facebook information etc

AOD into Holistic Approach

The AOD Program will continue to not just be narrowly focussed on reactive responses, but to understand the reasons for alcohol, tobacco or Gunja abuse.

The AOD Program will continue to apply a holistic approach to health care service delivery in the region.

L-R: Dion Brownhill, Peter Clottu and Jack Little work with kids in Bulla on Hip Hop healthy messages.



HEALTH PROMOTION

Health Promotion Coordinator

This year the Health Promotion Coordinator role was vacant for a period of time following the departure of Michael O'Halloran.

The role was eventually filled by Rebecca Cooney late in the year - Bec has been with KWHB in numerous capacities over the last six years and brings enormous remote health experience and capability to the role.

Health Promotion Register

Bec's primary role was to start work on KWHB's Health Promotion Register, a large project tying together health resources that have been approved for use by the Ngumbin Reference Group over the last five years, and ensuring they are accessible for staff.

Bec has worked closely with the Community Development Manager and the Information and Communications Officer to get this project finalised.

We now have a record of approved resources, along with electronic copies of the resources and a record of the suitability assessment, available for fast access by our staff, on the KWHB Intranet.

There are 50+ resources covering many topics, from alcohol, tobacco, maternal health, chronic diseases, ear and eye health, child health, nutrition, sexual health, mental health, foot health etc.

This project was very large, and for Bec to get this finalised in a matter of months was a great effort.

The Health Promotion Coordinator was also directly involved in the IHHP visit, providing guidance and directing the message of the final video shot in Pigeon Hole.

Into 2014

The focus of this role in 2014 will be to continue developing health promotion resources and capacity amongst the health promotion team.

A large focus will be the consultation with IHHP for their next visit in 2014. Early discussions suggest that our next batch of Hip Hop Videos will be focussed on data identified in our organisational Key Performance Indicators.

There will also be other work undertaken by the Health Promotion Coordinator into 2014.



Nutrition and Physical Activity Program

This year the role was largely vacated after the departure of Carol Wynne.

The role was eventually filled by Lauren Jeffs, who has hit the ground running.

In the 2012-2013 period, Lauren was understanding the scope of the work undertaken over the last five year period.

In 2014, the focus of the role will be;

- Continuing to closely work with schools on nutrition and physical activity health promotion
- Continue to work closely with community stores and store managers to ensure quality food, good access to food and food security at the community level.
- Market Basket Surveys
- Working on Baby Poster nutrition project in Kalkaringi, including a thorough review of program to assess successes and failures.
- Working with IHHP and developing a nutrition specific video for ongoing use as a resource
- Working with health centre staff on nutrition and physical activity education.

Regional Tobacco Program

This year we had Debbie Hanlon working in the Regional Tobacco Program Coordinator, and Debbie did some excellent work around our Smoke Free Policy and in organising the Quit Cup health promotion event in Katherine during October 2012.

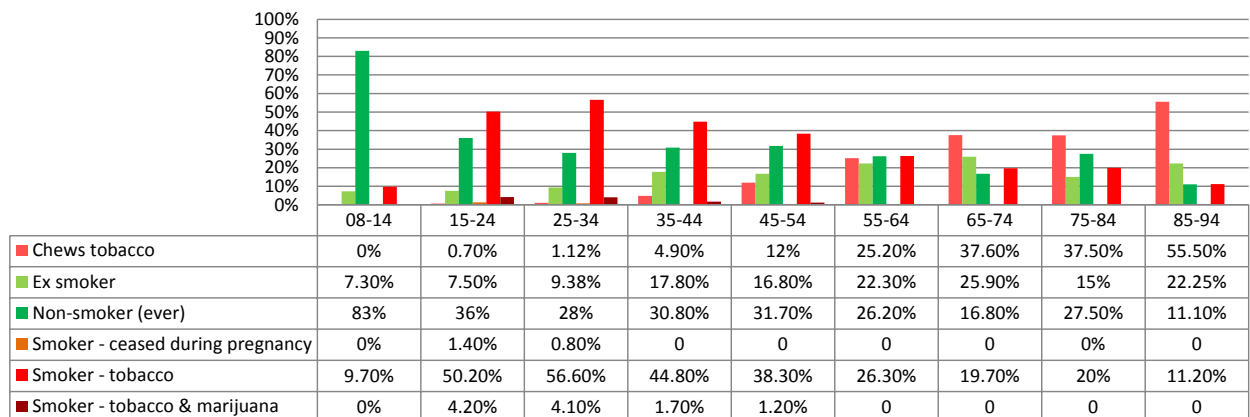
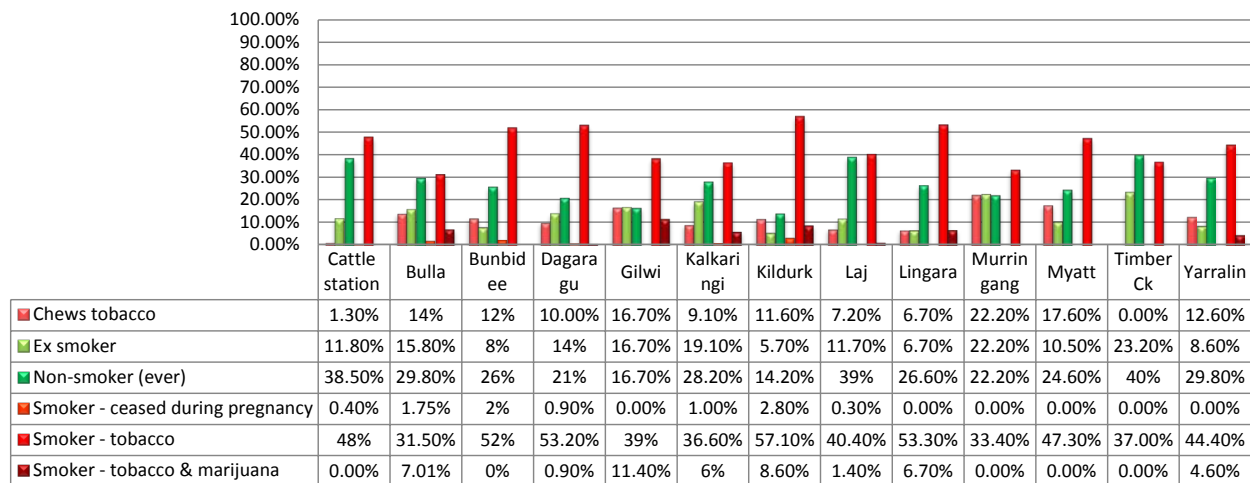
Debbie has since departed Katherine West, however we have included some Tobacco usage statistics (over page) in the Katherine West Region, which will be used to inform the role into the new year.

HEALTH PROMOTION - TACKLING TOBACCO

Tackling Tobacco

The Regional Tobacco Program will likely morph into the KWHB 'Tackling Tobacco' Program, which will be a regional based approach, assessing the data below to establish patterns of tobacco use in age groups, gender groups, and communities groups in the KWHB region so that we can establish an organisational strategy and allocate resources to tackling tobacco.

	Frequency	Percent %
Chews tobacco	114	8.1
Ex smoker	185	13.1
Non-smoker (ever)	449	32
Smoker - ceased during pregnancy	9	.6
Smoker - tobacco	615	43.6
Smoker - tobacco & marijuana	37	2.6
Total	1409	100



KWHB FINANCIAL REPORT 2012-2013

The following pages are an extract of our Financial Report for display in this document. A full copy of our Financial Report is available on our website at www.kwhb.com.au or by written request to hr@kwhb.com.au



Independent auditor's report to the members of Katherine West Health Board Aboriginal Corporation

Report on the financial report

We have audited the accompanying financial report of Katherine West Health Board Aboriginal Corporation ("the Corporation"), which comprises the statement of financial position as at 30 June 2013, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (the "CATSI Act") and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (the "CATSI Act") and Australian Accounting Standards, a true and fair view which is consistent with our understanding of the Corporation's financial position and of its performance.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

KWHB FINANCIAL REPORT 2012-2013



Independence

In conducting our audit, we have complied with the independence requirements of the Australian Professional Accounting Bodies.

Auditor's opinion

In our opinion:

(a) the financial report of Katherine West Health Board Aboriginal Corporation is in accordance with the CATSI Act, including:

(i) giving a true and fair view of the Corporation's financial position as at 30 June 2013 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards.

A handwritten signature of the KPMG firm, written in black ink.

KPMG

A handwritten signature of Clive Garland, written in black ink.

Clive Garland
Partner

Darwin

16 October 2013

KWHB FINANCIAL REPORT 2012-2013



To: the directors of Katherine West Health Board Aboriginal Corporation

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2013 there have been:

- (i) No contraventions of the auditor independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act 2006 in relation to the audit; and
- (ii) No contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature of the KPMG representative, written in black ink.

KPMG

A handwritten signature of Clive Garland, written in black ink.

Clive Garland
Partner

Darwin

16 October 2013

KWHB FINANCIAL REPORT 2012-2013

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION FUNDS ACQUITTANCE CERTIFICATE

We hereby certify that the project funds by the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Department of Health have been used for the agreed purpose(s) and further certify the following:

That all terms and conditions of the Letter of Offer and Funding Agreement were complied with;

That all accounts represent a true and fair record;

The Administration expenses and overhead costs of the Corporation were reasonably apportioned across all sources of funds;

The Corporation's financial statements are presented fairly and are based on proper books and accounts prepared in accordance with Accounting Standards and other authoritative pronouncements and audited in accordance with Auditing Standards and other authoritative pronouncements;

The financial controls in place within the Corporation are adequate;

Adequate provision has been made for legitimate present statutory and other obligations of the Corporation including, but not limited to taxation liabilities, employee leave and other entitlements, liabilities incurred under the Superannuation Guarantee Charge Act 1992 and Depreciation of Assets;

The Corporation is able to meet its liabilities as and when they fall due;

The Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

Funds have been used for the purpose for which they were provided;

Assets or services acquired with the funding have been acquired in fair and open competition and in accordance with the approved procurement method as described in the funding agreement;

The income and expenditure statements for the financial year is attached;

The Corporation's statutory audited financial statements are included in this financial report.



.....
Chief Executive Officer

Date: 16 October 2013



.....
Chairperson

Date: 16 October 2013

KWHB FINANCIAL REPORT 2012-2013



Independent auditors' report to the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health

We have audited the attached Statements of Income and Expenditure (the "Statements") of Katherine West Health Board Aboriginal Corporation ('the Corporation') for the year ended 30 June 2013 as set out on pages 44 to 71, using the accruals basis of accounting.

Board of Directors' responsibility for the Statement

The directors of the Corporation are responsible for the preparation and fair presentation of the Statements in accordance with the Australian Accounting Standards and have determined that the accounting policies used are appropriate to meet the requirements of the Office for Aboriginal and Torres Strait Islander Health (the "OATSIH") and the Department of Health (the "DOH"). This responsibility also includes establishing and maintaining such internal control as the directors determine is necessary to enable the preparation of Statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Statements based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the Statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

KWHB FINANCIAL REPORT 2012-2013

DIRECTORS' REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2013.

The names of the directors throughout 2012/2013 are as follows:

Name	Community	Qualification / Experience	Name	Community	Qualification / Experience
Geoffrey Barnes	Lajamanu	*	Richard Tasman (P)	Lajamanu	*
Willie Johnson	Outstations	*	Gus George (P)	Kalkaringi	*
Jeremy Frith	Kalakringi	*	Sheila Hector (P)	Pigeon Hole	*
Jocelyn Victor	Pigeon Hole	*	Veronica Leering (P)	Kildurk	*
Rosie Saddler	Kildurk	*	Caroline Jones (P)	Myatt	*
Steven Jones	Myatt	*	Tracie Patrick (P)	Lajamanu	*
Doris Lewis	Lajamanu	*	Charlie James (P)	Yarralin	*
Jack Little	Bulla	*	Betty Smiler (P)	Gilwi	*
Joseph Cox	Doojum	*	Kaylene Hector (P)	Bulla	*
Charlie Newry	Yarralin	*	Laura Doolan (P)	Lajamanu	*
Clara Paddy	Gilwi	*	Sandra Campbell (P)	Yarralin	*
Joseph Archie	Bulla	*	Jamesie Barry (P)	Daguragu	*
Joyce Herbert	Lajamanu	*	Jimmy Wavehill (P)	Kalkaringi	*
Maxine Campbell	Yarralin	*	Aileen Daly (P)	Lingara	*
Regina Teddy	Daguragu	*			
Robert George	Lajamanu	*			
Roslyn Frith	Kalkaringi	*			
Riley Young	Lingara	*			

Secretary

The following person held the position of Corporation's Secretary at the end of the financial year Rosie Saddler from 23rd March 2011.

Principal Activity

The principal activity of the Corporation during the financial year was the provision of a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.

No significant changes in the Corporation's state of affairs occurred during the financial year.

KWHB FINANCIAL REPORT 2012-2013

DIRECTORS' REPORT – Continued

Operating Result

The surplus of the Corporation amounted to \$7,621,790 (2012: deficit \$896,363)

Distribution to Members

No distributions were paid to members during the financial years. The Corporation is a public benevolent institution and is exempt from income tax. This status prevents any distribution to members.

Review of Operations

The Corporation performed well financially and with respect to health service delivery to all communities in the Katherine West region during the 2012/2013 financial year.

Events Subsequent to Reporting Date

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

Likely Developments

The Corporation will consolidate health service delivery across the board especially in relation to expanded Population Health activity. The Corporation is well placed in terms of governance due to a stable Board and Leadership Group to guide the Corporation's operations.

Environmental Issues

The Corporation's operations are not regulated by any significant environmental regulation under law of the Commonwealth or of a state or territory.

KWHB FINANCIAL REPORT 2012-2013

DIRECTORS' REPORT – Continued

Meetings of Directors

Name (Director)	No. of Meetings	Name (Director)	No. of Meetings
Geoffrey Barnes	5	Richard Tasman (P)	0
Willie Johnson	4	Gus George (P)	1
Jeremy Frith	0	Sheila Hector (P)	1
Jocelyn Victor	8	Veronica Leering (P)	0
Rosie Saddler	8	Caroline Jones (P)	1
Steven Jones	6	Tracie Patrick (P)	0
Doris Lewis	7	Charlie James (P)	0
Jack Little	5	Betty Smiler (P)	0
Joseph Cox	8	Kaylene Hector (P)	0
Charlie Newry	4	Laura Doolan (P)	1
Clara Paddy	1	Sandra Campbell (P)	0
Joseph Archie	3	Jamesie Barry (P)	1
Joyce Herbert	3	Jimmy Wavehill (P)	0
Maxine Campbell	3	Aileen Daly (P)	0
Regina Teddy	3		
Robert George	2		
Roslyn Frith	2		
Riley Young	3		

Indemnifying Officers of the Corporation

No indemnities have been given, or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

Proceedings on Behalf of the Corporation

No person has applied for leave of Court to bring proceedings on behalf of the Corporation or to intervene in any proceedings to which the Corporation is a party, for the purpose of taking responsibility on behalf of the Corporation for all or part of those proceedings.

Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out on page 8.

Signed in accordance with a resolution of the Board of Directors.



.....
Director

Dated this 16th day of October 2013

KWHB FINANCIAL REPORT 2012-2013

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION DIRECTORS' DECLARATION

The directors of Katherine West Health Board Aboriginal Corporation declare that:

- (i) The financial statements and notes, as set out on pages 9 to 29, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2013 and the performance for the year ended on that date of the Corporation.
- (ii) In the directors' opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the board of directors passed on October 2013.



.....
Director

Dated this 16th day of October 2013

KWHB FINANCIAL REPORT 2012-2013

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 \$	2012 \$
Revenue and other income	2	21,432,706	14,777,248
Interest income	2a	84,953	119,237
Employee benefits expenses	3	(6,712,334)	(7,662,590)
Depreciation	8	(597,886)	(665,946)
Motor vehicle expenses	3	(230,190)	(256,698)
Travel and accommodation	3	(743,183)	(952,358)
Interest expense	2a	0	(1,679)
Other expenses	3	(5,612,276)	(6,253,577)
Surplus/(Deficit) for the year		7,621,790	(896,363)
Other Comprehensive Income		0	0
Total Comprehensive Income		7,621,790	(896,363)

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

	Notes	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	5,397,984	4,396,991
Trade and other receivables	6	519,344	77,968
Other current assets	7	671,689	575,268
TOTAL CURRENT ASSETS		6,589,017	5,050,227
NON-CURRENT ASSETS			
Property, plant and equipment	8	8,044,041	2,648,381
TOTAL NON-CURRENT ASSETS		8,044,041	2,648,381
TOTAL ASSETS		14,633,058	7,698,608
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,951,049	2,703,724
Provisions	10	391,385	370,550
TOTAL CURRENT LIABILITIES		2,342,434	3,074,274
NON CURRENT LIABILITIES			
Provisions	11	176,228	131,728
TOTAL NON-CURRENT LIABILITIES		176,228	131,728
TOTAL LIABILITIES		2,518,662	3,206,002
NET ASSETS		12,114,396	4,492,606
ACCUMULATED FUNDS			
Accumulated funds		12,114,396	4,492,606
TOTAL ACCUMULATED FUNDS		12,114,396	4,492,606

KWHB FINANCIAL REPORT 2012-2013

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013

	Accumulated Funds \$	Total \$
Balance 30 June 2010	4,917,776	4,917,776
Surplus 2011	<u>471,193</u>	<u>471,193</u>
Balance 30 June 2011	5,388,969	5,388,969
(Deficit) 2012	<u>(896,363)</u>	<u>(896,363)</u>
Balance 30 June 2012	4,492,606	4,492,606
Surplus 2013	<u>7,621,790</u>	<u>7,621,790</u>
Balance 30 June 2013	<u>12,114,396</u>	<u>12,114,396</u>

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		1,811,145	2,283,221
Grants received		19,138,285	12,565,213
Payments to suppliers and employees		(14,081,744)	(14,143,765)
Interest received		84,953	119,237
		-----	-----
NET CASH FLOWS FROM OPERATING ACTIVITIES	12(b)	6,952,639	823,906
		-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(6,030,737)	(1,161,333)
Proceeds on sale of plant and equipment		79,091	18,182
		-----	-----
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(5,951,646)	(1,143,151)
		-----	-----
NET INCREASE/(DECREASE)IN CASH HELD		1,000,993	(319,245)
Cash at the beginning of the financial year		4,396,991	4,716,236
		-----	-----
Cash at the end of the financial year	12(a)	<u>5,397,984</u>	<u>4,396,991</u>

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KATHERINE WEST HEALTH BOARD

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